

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 021 ****80.00

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1. Entity Name

CENTRAL FLORIDA MEDICAL SOCIETY INC.



Principal Place of Business

1583 E SILVER STAR RD
#328
OCOE, FL 34761-2562

Mailing Address

1583 E SILVER STAR RD
#328
OCOE, FL 34761-2562

400000



DO NOT WRITE IN THIS SPACE

04082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3300325

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, MICHAEL MD
1583 E SILVESTAR RD #328
OCOE, FL 34761-2562

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
HOWELL, MICHAEL MD
1414 KUHL AVE MP 61 ORMC
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SPEARS, MARK MD
4106 W LAKE MARY BLVD
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HARDEE, MICHAEL MD
1115 N PENNSYLVANIA AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. Howell

Michael L. Howell, MD

4/14/07

407-538-5754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #