

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001653

FILED
Apr 13, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL SOCIETY INC.

Current Principal Place of Business:

1583 E SILVER STAR RD
#328
OCOOE, FL 347612562

New Principal Place of Business:

Current Mailing Address:

1583 E SILVER STAR RD
#328
OCOOE, FL 347612562

New Mailing Address:

FEI Number: 59-3300325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIZA, ANA MD
3740 S. LAKE ORLANDO PARKWAY
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

LIZAMA, ANNA MD
3740 S. LAKE ORLANDO AVE
ORLANDO, FL 32808 US

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.

SIGNATURE: MICHAEL HOWELL, MD

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTS () Delete
Name: HOWELL, MICHAEL MD
Address: 1414 KUHLE AVE MP 61 ORMC
City-St-Zip: ORLANDO, FL 32806

Title: DP () Delete
Name: SPEARS, MARK MD
Address: 4106 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: DV (X) Delete
Name: HARDEE, MICHAEL MD
Address: 1115 N PENNSYLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change () Addition
Name: HOWELL, MICHAEL MD
Address: 977 CHAUNCEY CT
City-St-Zip: OCOEE, FL 34761

Title: DP (X) Change () Addition
Name: LIZAMA, ANNA MD
Address: 3740 S. LAKE ORLANDO AVE
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HOWELL, MD

DTS

04/13/2009

Electronic Signature of Signing Officer or Director

Date