

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014347

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: FLORIDA MEDICAL QUALITY ASSURANCE, INC.

## Current Principal Place of Business:

4350 W. CYPRESS ST., #900  
TAMPA, FL 33607

## New Principal Place of Business:

5201 W. KENNEDY BOULEVARD  
SUITE #900  
TAMPA, FL 33609

## Current Mailing Address:

4350 W. CYPRESS ST., #900  
TAMPA, FL 33607

## New Mailing Address:

5201 W. KENNEDY BOULEVARD  
SUITE #900  
TAMPA, FL 33609

FEI Number: 59-3155017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONE, T. LOGAN ED.D  
4350 W. CYPRESS ST.  
SUITE 900  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

MALONE, T. LOGAN ED.D  
5201 W. KENNEDY BOULEVARD  
SUITE #900  
TAMPA, FL 33609 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:

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: MALONE, LOGAN ED.D.  
Address: 4350 W. CYPRESS ST., #900  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: STRINGER, DOUGLAS L M.D.  
Address: 4350 W. CYPRESS ST., #900  
City-St-Zip: TAMPA, FL 33607

Title: C ( ) Delete  
Name: SHAPIRO, LAWRENCE M.D.  
Address: 4350 W. CYPRESS ST., #900  
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete  
Name: STOFFEL, JACK  
Address: 4350 W. CYPRESS ST., #900  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: MALONE, LOGAN ED.D.  
Address: 5201 W. KENNEDY BOULEVARD #900  
City-St-Zip: TAMPA, FL 33609

Title: P (X) Change ( ) Addition  
Name: STRINGER, DOUGLAS L M.D.  
Address: 5201 W. KENNEDY BOULEVARD, #900  
City-St-Zip: TAMPA, FL 33609

Title: C (X) Change ( ) Addition  
Name: SHAPIRO, LAWRENCE M.D.  
Address: 5201 W. KENNEDY BOULEVARD, #900  
City-St-Zip: TAMPA, FL 33609

Title: T (X) Change ( ) Addition  
Name: STOFFEL, JACK  
Address: 5201 W. KENNEDY BOULEVARD, #900  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOGAN T. MALONE, ED.D

CEO

01/11/2006

Electronic Signature of Signing Officer or Director

Date