

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014347

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL QUALITY ASSURANCE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3155017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FREEDMAN, TONY  
Address: 5201 W. KENNEDY BOULEVARD #900  
City-St-Zip: TAMPA, FL 33609

Title: CHAI  
Name: SHAPIRO, LAWRENCE M.D.  
Address: 5201 W. KENNEDY BOULEVARD, #900  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: TONY FREEDMAN

CEO

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date