

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004385

Entity Name: FLORIDA MEDICAL MANUFACTURER'S CONSORTIUM, INC.**Current Principal Place of Business:**310 WEST COLLEGE AVE
SUITE 212
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 7683
TALLAHASSEE, FL 32314**FEI Number: 81-0623391****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAY, JOHN B
310 WEST COLLEGE AVE
SUITE 212
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name HOWE, GEORGE
Address 11300 49TH STREET NORTH
City-State-Zip: CLEARWATER FL 33762Title D
Name PETER, SANCHIRICO
Address 15251 ROOSEVELT BLVD., SUITE 204
City-State-Zip: CLEARWATER FL 33760Title D
Name RAY, JOHN B
Address PO BOX 7683
City-State-Zip: TALLAHASSEE FL 32314Title D
Name TYRANSKI, GAET
Address 12320 73RD COURT N.
City-State-Zip: LARGO FL 33773Title P
Name HAVRAN, GEARY
Address 11001 ROOSEVELT BLVD., SUITE 150
City-State-Zip: ST. PETERSBURG FL 33716Title D
Name NEWMAN, JAMES
Address 100 SECOND AVENUE SOUTH, SUITE
600
City-State-Zip: ST PETERSBURG FL 33701

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN RAY**EXECUTIVE DIRECTOR****04/07/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date