

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004880

**Entity Name:** GMA MEDICAL CREDENTIALING, INC.

**Current Principal Place of Business:**

1212 S. HIGHLAND AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

1212 S. HIGHLAND AVE  
CLEARWATER, FL 33756

**FEI Number:** 27-4496293

**Certificate of Status Desired:** No

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

ABBARNO, MARLIN M  
6441 DELAWARE AVE  
NEW PORT RICHEY, FL 34653 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 PT  
Name ABBARNO, MARLIN M  
Address 6441 DELAWARE AVE  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** MARLIN ABBARNO

PT

04/10/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date