2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512200

FILED Feb 03, 2011 Secretary of State

Entity Name: MEESE, TOLLAND, RITTER AND WILLIAMS, M.D., P.A.

Current Principal Place of Business: New Principal Place of Business:

550 MEMORIAL CIRCLE SUITE H

ORMOND BEACH, FL 321745000 US

Current Mailing Address: New Mailing Address:

550 MEMORIAL CIRCLE SUITE H

ORMOND BEACH, FL 321745000 US

FEI Number: 59-1688877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEESE, DAVID L MD 550 MEMORIAL CIRCLE SUITE H

ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title:

 Name:
 MEESE, DAVID L MD

 Address:
 577 N BEACH STREET

 City-St-Zip:
 ORMOND BEACH, FL 32174

Title:

Name: TOLLAND, JOHN TIMOTHY MD

Address: 5 BROADRIVER

City-St-Zip: ORMOND BEACH, FL 32174

Title: D

 Name:
 RITTER, ANDREW H MD

 Address:
 24 IRIQUOIS TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: [

Name: WILLIAMS, KATHLEEN MD Address: 845 JOHN ANDERSON City-St-Zip: ORMOND BEACH, FL 32176

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: DAVID L. MEESE, M.D. D 02/03/2011