2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 720565

Entity Name: MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION INC (C/O DELIA W. DEARMA)
SUITE E2 - 500 MEMORIAL CIRCLE
ORMOND BEACH, FL 321745094

New Principal Place of Business:

500 MEMORIAL CIRCLE
SUITE E2
ORMOND BEACH, FL 321745094

Current Mailing Address:

ASSOCIATION INC (C/O DELIA W. DEARMA)
SUITE E2 - 500 MEMORIAL CIRCLE
ORMOND BEACH, FL 321745094

New Mailing Address:

500 MEMORIAL CIRCLE
SUITE E2
ORMOND BEACH, FL 321745094

FEI Number: 59-1424865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEARMAS, C. ROBERT, JR.
500 MEMORIAL CIRCLE STE A
ORMOND BEACH, FL 32074 US

Name and Address of New Registered Agent:

MOUSOUR, FREDERICK J
500 MEMORIAL CIRCLE STE E2
ORMOND BEACH, FL 32074 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: FREDERICK J MONSOUR MD 04/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEARMAS, ROBERT C
Address: 500 MEMORIAL CIRCLE
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete
Name: CARBONELL, OSCAR F
Address: 500 MEMORIAL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MONSOUR, F J MD
Address: 500 MEMORIAL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MONSOUR, FREDERICK J
Address: 500 MEMORIAL CIRCLE, STE E2
City-St-Zip: ORMOND BEACH, FL

Title: D (X) Change ( ) Addition
Name: CARBONELL, OSCAR F
Address: 500 MEMORIAL CIRCLE, SUITE E2
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition
Name: LEB, ROBERT B MD
Address: 500 MEMORIAL CIRCLE, SUITE E2
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK J MONSOUR MD PD 04/27/2004
Electronic Signature of Signing Officer or Director Date