2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# 720565

Entity Name: MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

500 MEMORIAL CIRCLE
SUITE E2
ORMOND BEACH, FL 321745094

New Principal Place of Business:

Current Mailing Address:

50 SANDRA DR
ORMOND BEACH, FL 32176

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOUSOUR, FREDERICK J
500 MEMORIAL CIRCLE STE E2
ORMOND BEACH, FL 32074 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: PD
Name: MONSOUR, FREDERICK J
Address: 500 MEMORIAL CIRCLE, STE E2
City-St-Zip: ORMOND BEACH, FL

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

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

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: FREDERICK MONSOUR PD 03/31/2011

Electronic Signature of Signing Officer or Director — Date