


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90033 001 \*\*\*\*61.25

<b>DOCUMENT # N45708</b> 1. Entity Name <b>MEMORY DISORDER CLINIC, INC.</b>					
Principal Place of Business 3661 S BABCOCK ST MELBOURNE, FL 32901			Mailing Address 6450 US HIGHWAY 1 ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3132111</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>MATHIAS, DAVID E</b> <b>6450 US HIGHWAY 1</b> <b>ROCKLEDGE, FL 32955</b>				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, JOHN M MD 3661 S BABCOCK ST MELBOURNE, FL 32907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Senne, Jerry 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHINDRU, VINAY K MD 3661 S BABCOCK ST MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gizinski, Judith 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KENNEDY, CHRISTOPHER S 3661 S BABCOCK ST MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ford, Catherine A. 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUNEMAN, GAIL H 3661 S BABCOCK ST MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stoner, Roberta 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFFEBACK, HARRY L PHD 3661 S BABCOCK ST MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mathias, David E. 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTO, PAMELA A 3661 S BABCOCK ST MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sivolella, Farah 3661 S Babcock St Melbourne, FL 32901
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>David Mathias</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/8/08 3214344355 <small>Date Daytime Phone #</small>	

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# ATTACHMENT

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DOCUMENT # N45708  
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## ATTACHMENT

TITLE NAME	D HOLLINGSWORTH, A. THOMAS	ADDITION
STREET ADDRESS CITY-ST-ZIP	3661 S. BABCOCK STREET MELBOURNE, FL 32907	
TITLE NAME	D ISENMAN, MARTIN W., M.D.	ADDITION
STREET ADDRESS CITY-ST-ZIP	3661 S. BABCOCK STREET MELBOURNE, FL 32907	
TITLE NAME	D POTTER, WILLIAM C.	ADDITION
STREET ADDRESS CITY-ST-ZIP	3661 S. BABCOCK STREET MELBOURNE, FL 32907	
TITLE NAME	D SHAW, JAMES C.	ADDITION
STREET ADDRESS CITY-ST-ZIP	3661 S. BABCOCK STREET MELBOURNE, FL 32907	
TITLE NAME	D CAVALLUCCI, EUGENE S.	ADDITION
STREET ADDRESS CITY-ST-ZIP	3661 S. BABCOCK STREET MELBOURNE, FL 32907	