

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45708

FILED
Apr 04, 2012
Secretary of State

Entity Name: MEMORY DISORDER CLINIC, INC.

Current Principal Place of Business:

3661 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Mailing Address:

6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
ROCKLEDGE, FL 32955

FEI Number: 59-3132111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: CD
Name: KILLEBREW, JUDY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: T
Name: FELKNER, JOSEPH G
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: S
Name: MATHIAS, DAVID E
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: SIVOLELLA, FARAH
Address: 3661 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: WRIGHT, ROBERT R
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

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: JUDY KILLEBREW

CD

04/04/2012

Electronic Signature of Signing Officer or Director

Date