

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004575

FILED
Apr 22, 2015
Secretary of State
CC2476455821

Entity Name: SOCIETY OF COOPERATIVE MEDICINE AND SURGERY, INC.

Current Principal Place of Business:

8851 BOARDROOM CIRCLE
FORT MYERS, FL 33919

Current Mailing Address:

2172 VARDIN PLACE
NAPLES, FL 34120 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUMBERBATCH, DUANE
8851 BOARDROOM CIRCLE
FORT MYERS, FL 33919 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

Officer/Director Detail :

Title P
Name CUMBERBATCH, DUANE F
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

Title T
Name WANDERONE, THOMAS
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

Title VP
Name CHARARA, HUSINI
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

Title VP
Name BROWN, ALLAN
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

Title S
Name DANDRIDGE, ANDRE
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

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: DUANE CUMBERBATCH

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date