

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45708

**Entity Name:** MEMORY DISORDER CLINIC, INC.**Current Principal Place of Business:**3661 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901**Current Mailing Address:**6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
ROCKLEDGE, FL 32955**FEI Number:** 59-3132111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIAS, DAVID E  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 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	T, VP
Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	D
Name	SIVOLELLA, FARAH
Address	3661 SOUTH BABCOCK STREET
City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR
Name	GATTO, PAMELA A.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	POTTER, WILLIAM C.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	S
Name	MATHIAS, DAVID E
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	CHAIRMAN
Name	GREGORY, SEAN J.
Address	1350 S. HICKORY STREET
City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR
Name	FORD, CATHERINE A.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	SHAW, JAMES C.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

**Continues on page 2**

*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:** JOSEPH G. FELKNER**VICE  
PRESIDENT/TREASURER****04/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CAVALLUCCI, EUGENE S.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955