

2013 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
Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	CHAIRMAN, DIRECTOR
Name	GREGORY, SEAN J
Address	1350 S HICKORY STREET ATTN: ADMINISTRATION
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	GATTO, PAMELA A
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955

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

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

Title	TREASURER
Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	FORD, CATHERINE A
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
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: SEAN J. GREGORY**CHAIRMAN****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUSSEN, BRIAN J
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SHAW, JAMES C
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name CURRIN, RANDY
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name POTTER, WILLIAM C
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

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