

2024 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 US**FEI Number:** 59-3132111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ
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 VP, TREASURER

Name JUST, PAULA B.

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name BISHOP, LARRY S. M.D.

Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name RICHARDSON, THEODORE R. III

Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name PATRICK, KIM K.

Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name GURRI, JOSEPH M.D.

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name HENRY, ROBERT K.

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY

Name ROMANELLO, NICHOLAS W. ESQ.

Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name KILBORNE, DANA S.

Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL

City-State-Zip: ROCKLEDGE FL 32955

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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: NICHOLAS W. ROMANELLO**SECRETARY****04/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, T. KENT
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
City-State-Zip: ROCKLEDGE FL 32955

Title CHAIRMAN
Name ESROCK, BRETT A.
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name MIKUEN, SCOTT T.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955