

2019 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:**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	T, VP
Name	FELKNER, JOSEPH G
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	DIRECTOR
Name	ISENMAN, MARTIN W. M.D.
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	PICKETT, FRAN U.
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	GATTO, PAMELA 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
Title	DIRECTOR
Name	JOHNSON, STEVEN P.
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	PRESTWOOD, ALAN L.
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: BRETT ESROCK**CHAIRMAN****03/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEELE, KEVIN B.
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name DETTMER, DALE
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HENRY, ROBERT K.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name BREITFELLER, JOHN
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 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
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

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