

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700489

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE BREVARD COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

24 RENEE CT.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 560675
ROCKLEDGE, FL 329560675

New Mailing Address:

FEI Number: 59-1148414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAILLE, LINDA D
975 EYSTER BLVD
BLDG 2-4
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

PAILLE, LINDA D
24 RENEE COURT
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:

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWDELL, BRIAN C MD
Address: 308 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: PED () Delete
Name: COSGROVE, LISA A MD
Address: 867 V. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD () Delete
Name: HESHMATI, HEIDAR G MD
Address: 2575 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: BADOLATO, STEPHEN K MD
Address: 6300 N. WICKHAM ROAD, SUITE 101
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: BADOLATO, STEPHEN K MD
Address: 6300 N. WICKHAM ROAD, SUITE 101
City-St-Zip: MELBOURNE, FL 32940

Title: EDD () Delete
Name: PAILLE, LINDA D
Address: 975 EYSTER BLVD., BLDG 2-4
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSGROVE, LISA A MD
Address: 867 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: PED (X) Change () Addition
Name: HESHMATI, HEIDAR G MD
Address: 2575 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD (X) Change () Addition
Name: BADOLATO, STEPHEN K MD
Address: 6300 N. WICKHAM ROAD, SUITE 101
City-St-Zip: MELBOURNE, FL 32940 US

Title: TD (X) Change () Addition
Name: GRENEVICKI, LANCE F DDS,MD
Address: 1093 S. WICKHAM ROAD
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: SD (X) Change () Addition
Name: GRENEVICKI, LANCE L DDS,MD
Address: 1093 S. WICKHAM ROAD
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: EDD (X) Change () Addition
Name: PAILLE, LINDA D
Address: 24 RENEE COURT
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA D. PAILLE

EDD

01/23/2009

Electronic Signature of Signing Officer or Director

Date