

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703379

FILED
Apr 04, 2008
Secretary of State

Entity Name: DUVAL COUNTY MEDICAL SOCIETY

Current Principal Place of Business:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

Current Mailing Address:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-0613659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLSON, JAY W EVP
555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: MILLSON, JAY W EVP
Address: 555 BISHOPGATE LANE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD () Delete
Name: MONTGOMERY, JOHN M MD
Address: 4800 DEERWOOD CAMPUS PKWY., #600
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: KARNANI, NEEL G MD
Address: 4200 NORTHWEST 90TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: WALDRON, ANNE H MD
Address: 4131-3 UNIVERSITY BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: LUCIE, R S MD
Address: 1325 SAN MARCO BLVD., #200
City-St-Zip: JACKSONVILLE, FL 32207

Title: PED () Delete
Name: KNOX, GLENN W MD
Address: 12276 SAN JOSE BLVD., #516
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KNOX, GLENN W MD
Address: 12276 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD (X) Change () Addition
Name: FOSTER, MALCOLM T MD
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD (X) Change () Addition
Name: BOOTH, ASHLEY E MD
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD (X) Change () Addition
Name: LYON, DEBORAH S MD
Address: 580 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: PED (X) Change () Addition
Name: LUCIE, R. S MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

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: JAY W MILLSON

EVP

04/04/2008

Electronic Signature of Signing Officer or Director

Date