

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703379

FILED
Mar 11, 2010
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:

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

Title: PD
Name: KILKENNY, JOHN W MD
Address: 652-3 W. 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: LERNER, ELI N MD
Address: 836 PRUDENTIAL DR., SUITE 1107
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD
Name: WACHHOLZ, JEFFREY H MD
Address: 2700 RIVERSIDE AVE, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD
Name: WALDRON, ANNE H MD
Address: 4131-3 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: PED
Name: FOSTER, MALCOLM T MD
Address: 655 W. 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

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: JAY W. MILLSON

EVP

03/11/2010

Electronic Signature of Signing Officer or Director

Date