

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 014 ****61.25

DOCUMENT # 720565

1. Entity Name

MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.



Principal Place of Business

500 MEMORIAL CIRCLE
SUITE E2
ORMOND BEACH FL 32174-5094

Mailing Address

500 MEMORIAL CIRCLE
SUITE E2
ORMOND BEACH FL 32174-5094



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

50 Sandra Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ormond Beach

City & State

City & State

FL

Zip

Country

Zip

32176

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1424865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOUSOUR, FREDERICK J
500 MEMORIAL CIRCLE STE E2
ORMOND BEACH FL 32074

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE, STE E2 ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CARBONELL, OSCAR F 500 MEMORIAL CIRCLE, SUITE E2 ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D LEB, ROBERT B MD 500 MEMORIAL CIRCLE, SUITE E2 ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

F. Monsour

2/15/2007