

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767404

FILED
Mar 09, 2011
Secretary of State

Entity Name: THE MEDICAL COMPLEX ASSOCIATION, INC.

Current Principal Place of Business:

2650 BAHIA VISTA
101
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2848 PROCTOR ROAD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2382823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES INC
2848 PROCTOR ROAD
SARASOTA, FL 34231 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: PD
Name: WENTWORTH, AUDREY
Address: 2650 BAHIA VISTA #105
City-St-Zip: SARASOTA, FL 34239 US

Title: VTD
Name: LAWSON, DIANE
Address: 2650 BAHIA VISTA #202
City-St-Zip: SARASOTA, FL 34239 US

Title: VD
Name: WEINSTEIN, SHERI
Address: 2650 BAHIA VISTA, #102
City-St-Zip: SARASOTA, FL 34239 US

Title: SD
Name: KIANG, ELENA
Address: 2650 BAHIA VISTA #206
City-St-Zip: SARASOTA, FL 34239 US

Title: D
Name: JAMIESON, DONNA DR.
Address: 2650 BAHIA VISTA #304
City-St-Zip: SARASOTA, FL 34239 US

Title: D
Name: KELSEY, MICHAEL
Address: 2650 BAHIA VISTA #301
City-St-Zip: SARASOTA, FL 34239 US

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: DIANE LAWSON

VTD

03/09/2011

Electronic Signature of Signing Officer or Director

Date