2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767404

FILED Mar 20, 2012 Secretary of State

Entity Name: THE MEDICAL COMPLEX ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2650 BAHIA VISTA # 101

SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

2848 PROCTOR ROAD SARASOTA, FL 34231

FEI Number: 59-2382823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER MANAGEMENT SERVICES INC 2848 PROCTOR ROAD SARASOTA, FL 34231 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:

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:

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

Title: [

 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: AUDREY WENTWORTH PRES 03/20/2012