

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770310

FILED
Jan 26, 2011
Secretary of State

Entity Name: SEMORAN MEDICAL-SURGICAL CENTER ASSOCIATION,INC.

Current Principal Place of Business:

2830 CASA ALOMA WAY
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

2830 CASA ALOMA WAY
WINTER PARK, FL 32792

New Mailing Address:

807 STATE RD.
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-2872939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMANO, GREGORY P
2830 CASA ALOMA WAY
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

SAMANO, GREGORY P
807 STATE RD.
NEW SMYRNA BEACH, FL 32168 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: _____

01/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SAMANO, GREGORY P
Address: 807 STATE RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD
Name: SAMANO, MARGARET M.
Address: 807 STATE RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: SAMANO II, GREGORY P
Address: 2830 CASA ALOMA WAY
City-St-Zip: WINTER PARK, FL 32792

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: GREGORY P. SAMANO.

DP

01/26/2011

Electronic Signature of Signing Officer or Director

Date