2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N01000007368

Entity Name: CENTER FOR MEMORY DISORDERS, INC.

Current Principal Place of Business:

633 E COLONIAL DRIVE
ORLANDO, FL 32903

New Principal Place of Business:

Current Mailing Address:

633 E COLONIAL DRIVE
ORLANDO, FL 32903

New Mailing Address:

FEI Number: 59-3755871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAMS, N LOIS
308 PALMWAY LANE
ORLANDO, FL 32803 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: PSD ( ) Delete
Name: ADAMS, N. LOIS
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete
Name: MCCULLY, PHILIP
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: RSD ( ) Delete
Name: BISZICK, MERYL
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: MURRAY, LOUIS
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADAMS, N. LOIS
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change ( ) Addition
Name: MCCULLY, PHILIP
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: S (X) Change ( ) Addition
Name: BISZICK, MERYL
Address: 633 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VPD (X) Change ( ) Addition
Name: MURRAY, LOUIS
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Change (X) Addition
Name: DUREK, JOSEPH
Address: 1803 PARK CENTER DR. STE 205W
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Change (X) Addition
Name: HOFF, BARBARA
Address: 1225 SPRING LAKE DR.
City-St-Zip: ORLANDO, FL 32804 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: N. LOIS ADAMS PD 01/12/2005

Electronic Signature of Signing Officer or Director — Date