

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007368

FILED
Feb 27, 2009
Secretary of State

Entity Name: CENTER FOR MEMORY DISORDERS, INC.

Current Principal Place of Business:

3901 E COLONIAL DR
SUITE E
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3901 E COLONIAL DR
SUITE E
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3755871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, N LOIS
308 PALMWAY LANE
ORLANDO, FL 32828 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 () Delete
Name: ADAMS, N. LOIS
Address: 3901 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: MCCULLY, PHILIP
Address: 3901 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: BISZICK, MERYL
Address: 3901 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: MURRAY, LOUIS
Address: 3901 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SANFORD, ELESE
Address: P.O. BOX 1141
City-St-Zip: WINTER PARK, FL 32790

Title: D () Change (X) Addition
Name: INGERSOLL, PAMELA
Address: 4037 CONWAY PL. CIRCLE
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/27/2009

Electronic Signature of Signing Officer or Director

Date