

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007368

FILED
Feb 05, 2010
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
Name: ADAMS, N. LOIS
Address: 3901 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

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

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

Title: VPD
Name: MURRAY, LOUIS
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

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

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

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: N. LOIS ADAMS

ED

02/05/2010

Electronic Signature of Signing Officer or Director

Date