

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007368

FILED
Feb 17, 2011
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:

3901 E COLONIAL DR
SUITE E
ORLANDO, FL 32803 US

Current Mailing Address:

3901 E COLONIAL DR
SUITE E
ORLANDO, FL 32803

New Mailing Address:

3901 E COLONIAL DR
SUITE E
ORLANDO, FL 32803 US

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:

ADAMS, N LOIS
3901 E. COLONIAL DR.
SUITE E
ORLANDO, FL 32803 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: N. LOIS ADAMS

02/17/2011

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 US

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

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

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

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

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date