2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007368

FILED Feb 15, 2012 Secretary of State

Entity Name: CENTER FOR MEMORY DISORDERS, INC.

Current Principal Place of Business: New Principal Place of Business:

3901 E COLONIAL DR

SUITE E

ORLANDO, FL 32803 US

Current Mailing Address: 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 (X)

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ADAMS, N. LOIS PRES Address: 3901 E. COLONIAL DRIVE City-St-Zip: ORLANDO, FL 32803 US

Title: TVP

Name: MCCULLY, PHILIP Address: 728 LONDON RD

City-St-Zip: WINTER PARK, FL 32792 US

Title: VD

 Name:
 DUNAWAY, RODNEY P MD

 Address:
 425 FOX RIDGE RUN

 City-St-Zip:
 LONGWOOD, FL 32750 US

Title:

Name: INGERSOLL, PAMELA B
Address: 4037 CONWAY PLACE 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 02/15/2012