

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008500

FILED
May 06, 2006
Secretary of State

Entity Name: T. LEROY JEFFERSON MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1411 N FLAGLER DRIVE
STE 9000
WEST PALM BEACH, FL 33401

New Principal Place of Business:

11791 STONEHAVEN WAY
WEST PALM BEACH, FL 33412

Current Mailing Address:

1411 N FLAGLER DRIVE
STE 9000
WEST PALM BEACH, FL 33401

New Mailing Address:

P.O.BOX 8586
WEST PALM BEACH, FL 33407

FEI Number: 33-1007795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSIYEMI, OLAYEMI M.D.
1411 NORTH FLAGLER DRIVE
STE 9000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SHERRON, PATRICIA M.D.
11791 STONEHAVEN WAY
WEST PALM BEACH, FL 33412 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: PATRICIA SHERRON

05/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: DUNCAN, ROGER III
Address: 1411 N. FLAGLER DRIVE STE 4000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: HAMPTON, BRIDGETTE
Address: 3375 BURNS RD STE 105
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P () Delete
Name: OLAYEMI, OSIYEMI
Address: 1411 NORTH FLAGLER ANNE STE 9000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: SHERRON, PATRICIA M.D.
Address: 5325 GREENWOOD AVE STE 302
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P (X) Delete
Name: LOWE, CATHERINE MD
Address: 5305 GREENWOOD AVE 101
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERRON, PATRICIA M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP (X) Change () Addition
Name: BELCON, MICHAEL M.D.
Address: P.O.BOX 8586
City-St-Zip: WPB, FL 33407

Title: T (X) Change () Addition
Name: WILBORN, ANITA M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S (X) Change () Addition
Name: LOWE, KATHY M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA SHERRON

P

05/06/2006

Electronic Signature of Signing Officer or Director

Date