2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008500

FILED Apr 18, 2011 Secretary of State

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

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

777 SOUTH FLAGLER DRIVE SUITE 800 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

777 SOUTH FLAGLER DRIVE SUITE 800 WEST PALM BEACH, FL 33401

FEI Number: 33-1007795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILBORN, ANITA M M.D.

777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH, FL 33401 US

LAREMONT, KATIA M.D.

777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH, FL 33401 US

WEST PALM BEACH, FL 33401 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: KATIA LAREMONT, M.D. 04/18/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BROWN-GRAHAM, COLETTE M.D.
Address: 777 SOUTH FLAGLER DRIVE SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VF

Name: LOWE, CATHERINE M.D.

Address: 777 SOUTH FLAGLER DR SUITE 800 City-St-Zip: WEST PALM BEACH, FL 33401

Title:

Name: BURKS, BYRON M.D.

Address: 777 SOUTH FLAGLER DRIVE SUITE 800 City-St-Zip: WEST PALM BEACH, FL 33401

Title:

Name: LAREMONT, KATIA M.D.

Address: 777 SOUTH FLAGLER DRIVE SUITE 800

City-St-Zip: WEST PALM BEACH, FL 33401

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: BYRON BURKS M.D. TREA 04/18/2011