

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N03397 (9)**

1. Corporation Name

**MEMORIAL MEDICAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**800 STERTHAUS AVE. STE B  
ORMOND BEACH FL 32174**

**800 STERTHAUS AVE. STE B  
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/01/1984**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2427376**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STD  
DERBENWICK, KENNETH P., MD  
800 STERTHAUS AVE #B  
ORMOND BEACH FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Zip Code = 32174

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
JONES, WILLIAM R. M.D  
802 STERTHAUS AVE #A  
ORMOND BEACH FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Zip Code = 32174

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV  
DESAI, SURESH D MD  
570 MEMORIAL CIR  
ORMOND BCH FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Zip Code = 32174

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Kenneth P. Derbenwick, M.D. 04/26/95 (904) -672-7020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #