

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32174-9416



3. Date Incorporated or Qualified
06/01/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 802 Sterthaus Avenue

26 20 Bellewood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C

27

City & State

City & State

23 Ormond Beach, FL

28 Ormond Beach, FL

Zip

Country

Zip

Country

24 32174

25

U.S.A.

29 32176

30

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME DERBENWICK, KENNETH P., MD
STREET ADDRESS 800 STERTHAUS AVE #B
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE STD
1.2 NAME Derbenwick, Kenneth P., M.D.
1.3 STREET ADDRESS 20 Bellewood Circle
1.4 CITY-ST-ZIP Ormond Beach, FL 32176

TITLE DP
NAME FRANCE, JOSEPH M. M.D.
STREET ADDRESS 802 STERTHAUS AVE #A
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE DP
2.2 NAME France, Joseph M., M.D.
2.3 STREET ADDRESS 802 Sterthaus Avenue, Suite C
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE DV
NAME DESAI, SURESH D MD
STREET ADDRESS 570 MEMORIAL CIR
CITY-ST-ZIP ORMOND BCH FL

3.1 TITLE DV
3.2 NAME Desai, Suresh D., M.D.
3.3 STREET ADDRESS 570 Memorial Circle
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 04/28/97 (904) 441-0870

CR2E037 (9/96)