


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N03397 1. Entity Name MEMORIAL MEDICAL ASSOCIATION, INC.	
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Principal Place of Business 802 STERTHAUS AVE STE C ORMOND BEACH, FL 32174 US	Mailing Address 20 BELLEWOOD CIRCLE ORMOND BEACH, FL 32176 US
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2427376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DERBENWICK, KENNETH P., MD 20 BELLEWOOD CIRCLE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCE, JOSEPH M. M.D. 802 STERTHAUS AVE STE C ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DESAI, SURESH D MD 570 MEMORIAL CIR ORMOND BCH, FL
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04/20/04-80036-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth P. Derbenwick, M.D. 04/16/04 (386)-441-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #