

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03397

FILED
Apr 24, 2007
Secretary of State

Entity Name: MEMORIAL MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

802 STERTHAUS DRIVE
SUITE C
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

20 BELLEWOOD CIRCLE
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-2427376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DERBENWICK, KENNETH P MD
Address: 20 BELLEWOOD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: DP () Delete
Name: FRANCE, JOSEPH M MD
Address: 802 STERTHAUS DRIVE SUITE C
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DV () Delete
Name: DHAND, ARUN MD
Address: 300 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: FRANCE, JOSEPH M MD
Address: 1323 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

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

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH P. DERBENWICK, M.D.

STD

04/24/2007

Electronic Signature of Signing Officer or Director

Date