

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001678

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: SEMINOLE COUNTY MEDICAL SOCIETY FOUNDATION, INC.

## Current Principal Place of Business:

925 WILLISTON PARK POINT  
SUITE 1001  
LAKE MARY, FL 32746

## New Principal Place of Business:

4106 W. LAKE MARY BLVD.  
SUITE 130  
LAKE MARY, FL 32746

## Current Mailing Address:

P O BOX 951450  
LAKE MARY, FL 327951450

## New Mailing Address:

FEI Number: 30-0358929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTSON, JOHN MD  
4106 W LAKE MARY BLVD #330  
LAKE MARY, FL 32746 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: D ( ) Delete  
Name: ROBERTSON, JOHN W MD  
Address: 4106 W LAKE MARY BLVD - STE 330  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: AGARD, TANYA MD  
Address: 5703 RED BUG LAKE RD, STE. 341  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: KELLEY, THOMAS MD  
Address: 515 WEST SR 434, STE. 306  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: OMAR, OSAMA H MD  
Address: 773 DOUGLAS AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BRAGG, RICHARD S MD  
Address: 580 RINEHART RD., SUITE 110  
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: D (X) Change ( ) Addition  
Name: WIESE, JON D MD  
Address: 521 WEST STATE ROAD 434, SUITE 305  
City-St-Zip: LONGWOOD, FL 32750

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: RICHARD S. BRAGG, MD

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date