

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001678

FILED
Jan 06, 2012
Secretary of State

Entity Name: SEMINOLE COUNTY MEDICAL SOCIETY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1540 INTERNATIONAL PKWY.
SUITE 2000
LAKE MARY, FL 32746

Current Mailing Address:

P O BOX 951450
LAKE MARY, FL 32795

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.
SUITE 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: P
Name: KELLEY, THOMAS MD
Address: 515 WEST SR 434, SUITE 306
City-St-Zip: LONGWOOD, FL 32750

Title: VP
Name: POPLI, RAAJ MD
Address: 623 MAITLAND AVENUE, SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T
Name: MUSHAHWAR, ANDRIA MD
Address: 260 LOOKOUT PLACE, SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: S
Name: VAKILI, BABAK MD
Address: 450 W. CENTRAL PKWY, SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: CARRIE POPE

ED

01/06/2012

Electronic Signature of Signing Officer or Director

Date