

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004456

FILED
Feb 08, 2007
Secretary of State

Entity Name: SPACE COAST MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

930 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

930 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-4997794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR.
215 N. EOLA DR.
ORLANDO, FL 32801 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: MERCHBERGER, BRENDA
Address: 930 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: BASSETTE, GERARD
Address: 2200 W. EAU GALLE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: ALLEN, ARIOVA
Address: 1344 APOLLO BLVD., SUITE 406
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: ULERY, BRIAN
Address: 930 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: ADAMSON, ROBERT
Address: 4276 VENTANA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: O'CONNELL, AL
Address: 200 E. SHERIDAN
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA MERCHBERGER

D

02/08/2007

Electronic Signature of Signing Officer or Director

Date