

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004456

**FILED**  
**Feb 17, 2010**  
**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  
**Name:** BASSETTE, GERARD  
**Address:** 2200 W. EAU GALLE BLVD.  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** D  
**Name:** HARDEY, GARY  
**Address:** 665 APOLLO BLVD.,  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** D  
**Name:** FAZEKAS, TARILYN  
**Address:** 7125 MURRELL RD  
**City-St-Zip:** VIERA, FL 32940

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

**Title:** D  
**Name:** DANIELS, PATRICIA  
**Address:** 14410 US HWY 1  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** D  
**Name:** MERCHBERGER, BRENDA  
**Address:** 930 SOUTH HARBOR CITY BLVD  
**City-St-Zip:** MELBOURNE, FL 32901

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:** GARY R HARDEY

D

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date