

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004456

FILED
Mar 05, 2012
Secretary of State

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

Current Principal Place of Business:

665 SOUTH APOLLO BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

665 SOUTH APOLLO 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: O'CONNELL, AL
Address: 1223 GATEWAY DRIVE
City-St-Zip: MELBOURNE, FL 32901

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

Title: D
Name: KIRKLAND, KAREN
Address: 215 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

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 HARDEY

D

03/05/2012

Electronic Signature of Signing Officer or Director

Date