

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009556

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** PUTNAM COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

555 BISHOPGATE LANE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

555 BISHOPGATE LANE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 51-0602031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLSON, JAY W  
555 BISHOPGATE LANE  
JACKSONVILLE, FL 32204 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 ( ) Delete  
Name: DEHGAN, ROBERT B MD  
Address: 372 NORTH SEALAKE LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PE ( ) Delete  
Name: ZABAD, HOSSEIN  
Address: 101 COW CREEK RD.  
City-St-Zip: EAST PALATKA, FL 32131

Title: ST ( ) Delete  
Name: BENNETT, CHARLES N  
Address: 301 SOUTH PALM  
City-St-Zip: PALATKA, FL 32177

Title: DT ( ) Delete  
Name: MURUVILLA, ANAND S M MD  
Address: 2414 STATE RD. 13 N  
City-St-Zip: SWITZERLAND, FL 32259

Title: D ( ) Delete  
Name: MATHENEY, JACK M II, MD  
Address: 221 DAVIS LAKE ROAD  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ZABAD, HUSSEIN MD  
Address: 800 ZEAGLER DR. #430  
City-St-Zip: PALATKA, FL 32177

Title: PE (X) Change ( ) Addition  
Name: MATHENEY, II, JACK M MD  
Address: 205 ZEAGLER DR. #101  
City-St-Zip: PALATKA, FL 32177

Title: ST (X) Change ( ) Addition  
Name: BENNETT, CHARLES N MD  
Address: 301 SOUTH PALM  
City-St-Zip: PALATKA, FL 32177

Title: IPP (X) Change ( ) Addition  
Name: DEHGAN, ROBERT B MD  
Address: 6500 HWY. 20 W.  
City-St-Zip: PALATKA, FL 32177

Title: EVP (X) Change ( ) Addition  
Name: MILLSON, JAY W  
Address: 555 BISHOPGATE LANE  
City-St-Zip: JACKSONVILLE, FL 32204

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: JAY W. MILLSON

EVP

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date