

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009556

FILED
Apr 08, 2009
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 MR.
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: MATHENY II, JACK M MD
Address: 205 ZEAGLER DR. #101
City-St-Zip: PALATKA, FL 32177

Title: PE () Delete
Name: AKHIYAT, M. MICHAEL MD
Address: 6061 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AKHIYAT, M. MICHAEL MD
Address: 6061 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

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

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

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 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

RA

04/08/2009

Electronic Signature of Signing Officer or Director

Date