

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009556

FILED
Mar 14, 2012
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:

CAMPBELL, BRYAN MR.
555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

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: BRYAN CAMPBELL

03/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LAUBAUGH, RICHARD MD
Address: 700 ZEAGLER DRIVE
City-St-Zip: PALATKA, FL 32177

Title: PE
Name: RIVERA, MARIA-JOSEFINA S MD
Address: 811 NORTH SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: ST
Name: TCHUISSE, LUCIEN-MAXIMIN MD
Address: 6100 ST. JOHNS AVENUE #6
City-St-Zip: PALATKA, FL 32177

Title: IPP
Name: DEHGAN, ROBERT MD
Address: 6500 HIGHWAY 20 WEST
City-St-Zip: PALATKA, FL 32177

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: BRYAN CAMPBELL

MR

03/14/2012

Electronic Signature of Signing Officer or Director

Date