

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001851

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** CLAY 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:** 32-0234805

**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  
Name: MOSBORG, DAVID A MD  
Address: 1895 KINGSLEY AVE. STE. 703  
City-St-Zip: ORANGE PARK, FL 32073

Title: PE  
Name: GARCIA, OMAR M MD  
Address: 2021 KINGSLEY AVE. STE. 105  
City-St-Zip: ORANGE PARK, FL 32073

Title: S  
Name: DEBBIE, BERLIN A MD  
Address: 1555 KINGSLEY AVE. STE. 503  
City-St-Zip: ORANGE PARK, FL 32073

Title: T  
Name: ZAPP, JOHN J MD  
Address: 2021 KINGSLEY AVE. STE. 105  
City-St-Zip: ORANGE PARK, FL 32073

Title: IPP  
Name: SUHRER, SCOTT N MD  
Address: 2021 KINGSLEY AVE. STE. 105  
City-St-Zip: ORANGE PARK, FL 32073

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: JAY W. MILLSON

EVP

04/01/2010

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

\_\_\_\_\_  
Date