

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001851

FILED
Mar 23, 2011
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:

MILLSON, JAY W 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: MR. JAY W. MILLSON

03/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: SUHRER, SCOTT N MD
Address: 2021 KINGSLEY AVE. STE. 105
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: MOSBORG, DAVID A MD
Address: 1895 KINGSLEY AVE. STE. 703
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

MR.

03/23/2011

Electronic Signature of Signing Officer or Director

Date