

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001851

FILED
Mar 14, 2012
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 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: BERLIN, DEBBIE MD
Address: 1555 KINGSLEY AVENUE #503
City-St-Zip: ORANGE PARK, FL 32073

Title: PE
Name: RIFKIN, KERRY V MD
Address: 2140 KINGSLEY AVENUE #14
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: GARCIA, OMAR M MD
Address: 2021 KINGSLEY AVENUE #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: BRYAN CAMPBELL

MR

03/14/2012

Electronic Signature of Signing Officer or Director

Date