2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

DOCUMENT# N08000007347

Entity Name: JAMES WILSON BRIDGES, M.D. MEDICAL SOCIETY, INC.

Current Principal Place of Business:

2014 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

2014 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-2604742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILEY, MARVA L ESQ
11601 BISCAYNE BLVD SUITE 100
N MIAMI, FL 33181 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: HOLDER, CHERYL
Address: 2014 NW 139TH TERR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP
Name: KIRWAN, MICHELLE
Address: 4100 NW 3RD CT SUITE 110
City-St-Zip: PLANTATION, FL 33317

Title: T
Name: SIMPSON, DAZELLE
Address: 3169 PERCIVAL DR
City-St-Zip: MIAMI, FL 33133

Title: S
Name: BAPTISTE-SMITH, CAMILLE
Address: 1611 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

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: CHERYL HOLDER, M.D. PRES 04/07/2010

Electronic Signature of Signing Officer or Director Date