2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# N09000009923

Entity Name: THE NATIONAL MEDICAL SOCIETY OF THE TREASURE COAST, INC.

Current Principal Place of Business:

8980 SOUTH US 1
PORT SAINT LUCIE, 34952

New Principal Place of Business:

8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

8980 SOUTH US 1
PORT SAINT LUCIE, 34952

New Mailing Address:

8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952

FEI Number: 27-1113895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, YOLANDA
8980 SOUTH US 1
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

LEWIS, YOLANDA
8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952 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: _____ 05/05/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEWIS, YOLANDA
Address: 8980 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SEC
Name: JOSEPH, CHARLES
Address: 8980 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TREA
Name: LEWIS, ASHLEY
Address: 8980 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: YOLANDA LEWIS P 05/05/2010
Electronic Signature of Signing Officer or Director — Date