2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002706

FILED Feb 08, 2011 Secretary of State

Entity Name: BREVARD COUNTY MEDICAL DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

720 E. NEW HAVEN AVE., STE 11 720 E. NEW HAVEN AVE MELBOURNE, FL 32901

SUITE 11

MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

720 E. NEW HAVEN AVE., STE 11 720 E. NEW HAVEN AVE SUITE 11 MELBOURNE, FL 32901

MELBOURNE, FL 32901

FEI Number: 27-2182589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, J. PATRICK FISHER, JO ANN 2200 FRONT STREET 720 E. NEW HAVEN AVE SUITE 301 SUITE 11 MELBOURNE, FL 32901 US MELBOURNE, FL 32901 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: JO ANN FISHER 02/08/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

POTOMSKI D.O., JOHN H JR. Name: Address: 720 E. NEW HAVEN AVE., STE 11 City-St-Zip: MELBOURNE, FL 32901

Title: VD

Name: LUPO, GIOVANNI M.D. Address: 720 E. NEW HAVEN AVE., STE 11

City-St-Zip: MELBOURNE, FL 32901

Title: STD

STEWART, KAREN M.D. Name: Address: 720 E. NEW HAVEN AVE., STE 11 City-St-Zip: MELBOURNE, FL 32901

Title: ED

Name: FISHER, JO ANN

720 E. NEW HAVEN AVE, SUITE 11 Address:

City-St-Zip: MELBOURNE, FL 32901

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: JO ANN FISHER ED 02/08/2011