

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002706

FILED
Feb 14, 2012
Secretary of State

Entity Name: BREVARD COUNTY MEDICAL DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 27-2182589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISHER, JO ANN
720 E. NEW HAVEN AVE
SUITE 11
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BCMDA
720 E. NEW HAVEN AVE
SUITE 11
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

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: ED
Name: FISHER, JO ANN
Address: 720 E. NEW HAVEN AVE, SUITE 11
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

02/14/2012

Electronic Signature of Signing Officer or Director

Date