


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90013 038 ****61.25

DOCUMENT # N11772	
1. Entity Name	
SEMINOLE COUNTY MEDICAL SOCIETY, INC.	

Principal Place of Business	Mailing Address
1532 SUNSHINE TREE BLVD LONGWOOD FL 32779 US	P O BOX 951450 LAKE MARY FL 32795 US




2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4106 W. LAKE MARY BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 328	
City & State	City & State
LAKE MARY, FL	
Zip	Country
32746	USA

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
WHIGHAM, FRANK C. 200 WEST FIRST STREET SANFORD FL 32771	

7. Name and Address of New Registered Agent	
Name JOHN ROBERTSON, M.D.	
Street Address (P.O. Box Number is Not Acceptable)	
4106 W. LAKE MARY BLVD., #330	
City	Zip Code
LAKE MARY FL	32746

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
 John W. Robertson MD	2/16/07

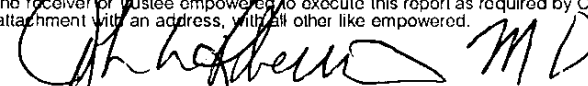
FILE NOW: FEE IS \$61.25 Due By May 1, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	DAVIS, GLEN
<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	4106 W. LAKE MARY BLVD #301
CITY, ST, ZIP	LAKE MARY FL 32746
TITLE	NAME
PD	ROBERTSON MD, JOHN W
<input type="checkbox"/> Delete	
STREET ADDRESS	4106 W LAKE MARY BLVD #330
CITY, ST, ZIP	LAKE MARY FL 32746
TITLE	NAME
D	BRAGG, RICHARD
<input type="checkbox"/> Delete	
STREET ADDRESS	560 RINEHART RD. STE 110
CITY, ST, ZIP	LAKE MARY FL 32746
TITLE	NAME
<input type="checkbox"/> Delete	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
<input type="checkbox"/> Delete	
STREET ADDRESS	
CITY, ST, ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
PRESIDENT-ELECT	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
VICE-PRESIDENT	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	220 N. WESTMONTE DR., SUITE B
CITY, ST, ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	DATE
 John W. Robertson MD	2/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
833 9195