

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11772

FILED
Jan 12, 2009
Secretary of State

Entity Name: SEMINOLE COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

925 WILLISTON PARK POINT
SUITE 1001
LAKE MARY, FL 32746 US

Current Mailing Address:

P O BOX 951450
LAKE MARY, FL 32795 US

New Principal Place of Business:

4106 W. LAKE MARY BLVD.
SUITE 130
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-0939834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, JOHN M.D.
4106 LAKE MARY BLVD #330
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BRAGG, RICHARD M.D.
580 RINEHART RD.
SUITE 110
LAKE MARY, FL 32746 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: RICHARD BRAGG, M.D.

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAGG, RICHARD
Address: 580 RINEHART RD. STE 110
City-St-Zip: LAKE MARY, FL 32746

Title: PE () Delete
Name: PANARA, VRAJ
Address: 220 N. WESTMONTE DR. STE B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: OMAR, SAM
Address: 773 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PANARA, VRAJ
Address: 220 N. WESTMONTE DR. STE. B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PE (X) Change () Addition
Name: AGARD, TANYA
Address: 5703 RED BUG LAKE ROAD, STE 341
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition
Name: KELLEY, THOMAS
Address: 515 WEST SR 434, STE 306
City-St-Zip: LONGWOOD, FL 32750

Title: IPP () Change (X) Addition
Name: BRAGG, RICHARD
Address: 580 RINEHART RD, STE 110
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VRAJ PANARA, M.D.

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date