

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11772

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SEMINOLE COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 951450  
LAKE MARY, FL 32795 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:**

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** AGARD, TANYA MD  
**Address:** 5703 RED BUG LAKE ROAD, STE 341  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** PE  
**Name:** KELLEY, THOMAS MD  
**Address:** 587 EAST STATE ROAD 434, SUITE 1071  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** VP  
**Name:** WIESE, JON MD  
**Address:** 521 W. STATE ROAD 434, SUITE 308  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** IPP  
**Name:** PANARA, VRAJ MD  
**Address:** 220 N. WESTMONTE DRIVE, SUITE B  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** TANYA AGARD, MD

P

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date