2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90175 032 ****61.25

DOCUMENT # N45708

1. Entity Name
MEMORY DISORDER CLINIC, INC.

Principal Place of Business	Mailing Address
1934 SOUTH DAIRY ROAD MELBOURNE, FL 32904	1934 SOUTH DAIRY ROAD MELBOURNE, FL 32904

04042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~3661 S Babcock Street~~ Suite, Apt. #, etc.	~~6450 US Highway 1~~ Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Rockledge FL
Zip: 32901 Country: USA	Zip: 32955 Country: USA

4. FEI Number 59-3132111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBBE, FRANK DR 1687 HENLEY ROAD PALM BAY, FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN M. MCKINNEY, M.D. 3661 S BABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITRA, KUNAL DR 6042 NEWBURY CR. MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINAY K. MEHINDRU, M.D. 3661 S BABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENKEL, MARY BETH DR 1200 OLD PARSONAGE DR. MERRITT ISLAND, FL 32952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CHRISTOPHER S. KENNEDY 3661SBABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, KELLEY I DR 1696 W. HIBISCUS BLVD. MELBOURNE, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAIL H. SCHUNEMAN 3661 S BABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAIRD, ROSEMARY DR 701 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRY L. DEFFEBACH, Ph.D. 3661 S BABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, RICHARD DR 791 PEMBROKE AVENUE PALM BAY, FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAMELA A. GATTO 3661 S BABCOCK STREET MELBOURNE FL	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David E. Mathias; Secretary 4/4/07 (321)434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40059943

TITLE	D	ADDITION
NAME	CATHERINE A. FORD	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	HOLLINGSWORTH, A. THOMAS	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	MARTIN W. ISENMAN, M.D.	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	WILLIAM C. POTTER, ESQ.	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	JAMES C. SHAW	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	EUGENE S. CAVALUCCI, ESQ.	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901.	
TITLE	T	ADDITION
NAME	ROBERTA STONER	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	ADDITION
NAME	DAVID E. MATHIAS	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	FARAH SIVOLELLA	
STREET ADDRESS	3661 S BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	