2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# N45708

Entity Name: MEMORY DISORDER CLINIC, INC.

Current Principal Place of Business:

3661 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3132111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: CD
Name: SENNE, JERRY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: T
Name: STONER, ROBERTA B
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: S
Name: MATHIAS, DAVID E
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: SIVOLELLA, FARAH
Address: 3661 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: CAVALLUCCI, EUGENE S
Address: 3661 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: GATTO, PAMELA A
Address: 3661 SOUTH BABCOCK STREET
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: DAVID E. MATHIAS S 03/24/2011
Electronic Signature of Signing Officer or Director Date