

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49749

FILED
Feb 18, 2011
Secretary of State

Entity Name: PINELLAS COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

4900 CREEKSIDE DRIVE
G
CLEARWATER, FL 33760 US

New Principal Place of Business:

6021 142ND AVE, N
SUITE 128
CLEARWATER, FL 33760 US

Current Mailing Address:

4900 CREEKSIDE DRIVE
G
CLEARWATER, FL 33760 US

New Mailing Address:

P.O. BOX 13489
CLEARWATER, FL 33760 US

FEI Number: 59-0618453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAIFORD, ANISSA
4900 CREEKSIDE DRIVE, SUITE G
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

RAIFORD, ANISSA
6021 142ND AVE N
128
CLEARWATER, FL 33760 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:

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WEILAND, DAVID MD
Address: 6021 142ND AVE SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

Title: VP
Name: CARLSON, TIM MD
Address: 6021 142 ANE N SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

Title: E.D.
Name: RAIFORD, ANISSA
Address: 6021 142ND AVE N SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

Title: PE
Name: ROTHMAN, JACK MD
Address: 6021 142ND AVE N, SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

Title: TREA
Name: KUMAR, AJOY M.D.
Address: 6021 142ND AVE N SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

Title: SEC
Name: SWAIN, PETER M.D.
Address: 6021 42ND AVE SUITE 128
City-St-Zip: CLEARWATER, FL 33760 US

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: ANISSA RAIFORD

EX D

02/18/2011

Electronic Signature of Signing Officer or Director

Date