2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49749

FILED Apr 24, 2012 Secretary of State

Entity Name: PINELLAS COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6021 142ND AVE, N SUITE 128

CLEARWATER, FL 33760 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 CARLSON, TIM MD

 Address:
 6021 142ND AVE SUITE 128

 City-St-Zip:
 CLEARWATER, FL 33760 US

Title: V

 Name:
 ROTHMAN, JACK MD

 Address:
 6021 142 ANE N SUITE 128

 City-St-Zip:
 CLEARWATER, FL 33760 US

Title:

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,SUITE128 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 D 04/24/2012