

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001392

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** ASSOCIATES IN MEDICINE, INC.

**Current Principal Place of Business:**

303 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3232393      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVIDSON, DAVID J  
303 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 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: VD  
Name: SOVACOL, RICHARD B  
Address: 1967 MENDER CIRCLE  
City-St-Zip: SOUTH DAYTONA, FL

Title: PD  
Name: MARRESE, ROXY  
Address: 6 MOSS POINT DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D  
Name: GRIFFIN, WILLIAM J  
Address: 6193 SHORELINE DR.  
City-St-Zip: PORT ORANGE, FL 32119 US

Title: SD  
Name: BERNARDO, GEORGE  
Address: 790 DUNLAWTON AVE, SUITE E  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: C  
Name: JENNINGS, LANE  
Address: 3911 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127 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: WILLIAM J. GRIFFIN

D

02/05/2010

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

\_\_\_\_\_  
Date