

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001392

FILED
Feb 02, 2011
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

02/02/2011

Electronic Signature of Signing Officer or Director

Date