

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03397

Entity Name: MEMORIAL MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**800 STERTHAUS DRIVE
SUITE B
ORMOND BEACH, FL 32174**Current Mailing Address:**20 BELLEWOOD CIRCLE
ORMOND BEACH, FL 32176 US**FEI Number:** 59-2427376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 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

Officer/Director Detail :

Title	ST/D
Name	DERBENWICK, KENNETH P M.D.
Address	20 BELLEWOOD CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

Title	P/D
Name	GRAHAM, KERRI D.M.D.
Address	802 STERTHAUS DRIVE SUITE A
City-State-Zip:	ORMOND BEACH FL 32174

Title	ASST. SECRETARY
Name	DERBENWICK, MARY JUNE M.D.
Address	20 BELLEWOOD CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

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: KENNETH PAUL DERBENWICK**SECRETARY/TREASURER** 04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date