

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03397

Entity Name: MEMORIAL MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

802 STERTHAUS DRIVE
SUITE C
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 PMD
Address 20 BELLEWOOD CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title P/D
Name FRANCE, JOSEPH MMD
Address 1323 OAK FOREST DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title V/D
Name SZOTT, PAUL D.M.D.
Address 802 STERTHAUS DRIVE, SUITE A
City-State-Zip: ORMOND BEACH FL 32174

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 P. DERBENWICK, M.D.

ST/D

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date