

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 020 ****61.25

DOCUMENT # 761611

1. Entity Name
CENTURY MEDICAL PLAZA ASSOCIATION, INC.



Principal Place of Business
**1614 Country Club Dr
Titusville, FL 32780**

Mailing Address
**1614 Country Club Dr
Titusville, FL 32780**

DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2763162

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent



**Mr. Samir K. Itani
1614 Country Club Dr
Titusville, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAMIR, ELIAS
STREET ADDRESS	1655 JESS PARRISH CT.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	VD
NAME	DOUGLAS, BARIMO
STREET ADDRESS	1653 JESS PARRISH CT.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	SD
NAME	GOYLE, CAROLYN
STREET ADDRESS	P.O. BOX 1536 N/A
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #