

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

**FILED  
Feb 28, 2007  
Secretary of State**

DOCUMENT# N06000002789

Entity Name: MIDPOINT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-4572747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHARMA, NEEKAYTAN DR.  
4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907      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: D      ( ) Delete  
Name: SHARMA, NEEKAYTAN DR.  
Address: 4790 BARKLEY CIRCLE BLDG A  
City-St-Zip: FT MYERS, FL 33907

Title: D      ( ) Delete  
Name: GANTT, KERRI  
Address: 8741 BANYAN COVE CIRCLE  
City-St-Zip: FT MYERS, FL 33919

Title: D      ( ) Delete  
Name: FEIOCK, BRIAN MD  
Address: 6541 WINKLER ROAD  
City-St-Zip: FT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICK SHARMA MD

P

02/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date