

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002789

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

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

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

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: NEEKAYTAN SHARMA

D

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date