

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32467

FILED
Apr 06, 2009
Secretary of State

Entity Name: UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2768995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRABHU, SUDHIR L MD
4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 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: PD () Delete
Name: PROBHU, SNEDHIR L
Address: 2817 FOREST CIR
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: GAURANG, SHAH
Address: 1301 RIVERBIRCH LANE
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: PRABHU, SUDHIR L
Address: 2817 FOREST CIR
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: KHOSRAVI, HORMOZ
Address: 3265 FRONT RD.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BEHZADI, FARAMARZ
Address: 3544 SUNNYSIDE DR.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: MUYERS, DAVID
Address: POST OFFICE BOX 2183
City-St-Zip: ORANGE PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRABHU, SUDHIR L
Address: 2817 FOREST CIR
City-St-Zip: JACKSONVILLE, FL

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

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

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 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: SUDHIR PRABHU MD

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date