

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 008 ****61.25

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1. Entity Name
**WESTON MEDICAL AND PROFESSIONAL CAMPUS
 MASTER ASSOCIATION, INC.**

Principal Place of Business
**PHOENIX MGMT SERVICES, INC.
 4780 N ST RD 7 STE 250
 FORT LAUDERDALE, FL 33317**

Mailing Address
**4800 N. STATE RD 7
 SUITE 105
 LAUDERDALE LAKES, FL 33319**

40049843



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
31-1810350
 Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOLDBERG, SHELDON
 4800 N. STATE RD 7 SUITE 105
 LAUDERDALE LAKES, FL 33319**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
 NAME CORREA, ALVARO Delete
 STREET ADDRESS 2201 N. COMMERCE PARKWAY
 CITY-ST-ZIP WESTON, FL 33331

TITLE P
 NAME R. GONZALEZ, ORLANDO Change Addition
 STREET ADDRESS 13746 NW 18TH COURT
 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D
 NAME GONZALEZ, ORLANDO Delete
 STREET ADDRESS 11786 S.W. 90TH TERRACE
 CITY-ST-ZIP MIAMI, FL 33186

TITLE VP
 NAME V. CORREA, ALVARO Change Addition
 STREET ADDRESS 2201 N. COMMERCE PARKWAY
 CITY-ST-ZIP WESTON, FL 33331

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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: Orlando Gonzalez **Orlando Gonzalez** 3/17/08 954-667-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #