

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2011
Secretary of State

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

Current Principal Place of Business:

PHOENIX MGMT SERVICES, INC.
4800 N ST RD 7 STE 105
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 31-1810350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 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: P
Name: CORREA, ALVARO
Address: 2201 N. COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33331

Title: T
Name: NIETO, ANGELA
Address: 2201 N. COMMERCE PKWY
City-St-Zip: WESTON, FL 33331

Title: S
Name: CORREA, MARIA
Address: 2201 N. COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33331 US

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: CORREA, ALVARO

P

04/04/2011

Electronic Signature of Signing Officer or Director

Date