2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2008
Secretary of State

DOCUMENT# P07000087820

Entity Name: MEDICAL CENTER BPB, INC.

Current Principal Place of Business:

2136 N. PORPOISE POINT LANE
VERO BEACH, FL 32963

New Principal Place of Business:

23123 STATE ROAD 7
SUITE 103
BOCA RATON, FL 33428 US

Current Mailing Address:

2136 N. PORPOISE POINT LANE
VERO BEACH, FL 32963

New Mailing Address:

23123 STATE ROAD 7
SUITE 103
BOCA RATON, FL 33428 US

FEI Number: 26-0637228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK ROAD, STE. 700
FORT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JANKE, WALTER H
Address: 2136 N. PORPOISE POINT LANE
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COOV ( ) Change (X) Addition
Name: KELLY, LORI
Address: 23123 STATE ROAD 7, SUITE 103
City-St-Zip: BOCA RATON, FL 33428 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI KELLY VP 07/01/2008
Electronic Signature of Signing Officer or Director Date