

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0367842 AV

04-08-2002 90241 048 \*\*\*150.00

**DOCUMENT # P99000109174**

1. Entity Name

**MEDICAL OFFICE PORTFOLIO PROPERTIES, INC.**

Principal Place of Business

**3801 PGA BOULEVARD  
 SUITE 555  
 PALM BEACH GARDENS FL 33401**

Mailing Address

**3801 PGA BOULEVARD  
 SUITE 555  
 PALM BEACH GARDENS FL 33401**



DO NOT WRITE IN THIS SPACE

3801 PGA Boulevard  
 Suite 600  
 Palm Beach Gardens, FL 33410

3801 PGA Boulevard  
 Suite 600  
 Palm Beach Gardens, FL 33410

4. FEI Number **65-0968153** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REGSERV CORP.  
 3801 PGA BOULEVARD  
 SUITE 555  
 PALM BEACH GARDENS FL 33401**

7. Name and Address of New Registered Agent

**REGSERV CORP.  
 3801 PGA Boulevard  
 Suite 600  
 Palm Beach Gardens, FL 33410**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DP CEO</b> <input type="checkbox"/> Delete
NAME	<b>RENDINA, BRUCE A</b>
STREET ADDRESS	<b>3801 PGA BOULEVARD, SUITE <del>555</del> 600</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERRUCCI, MARK A</b>
STREET ADDRESS	<b>CT CORPORATION SYSTEM, 1209 ORANGE ST.</b>
CITY-ST-ZIP	<b>WILMINGTON DE 19801</b>
TITLE	<b>VPST</b> <input type="checkbox"/> Delete
NAME	<b>DISALVO, PATRICK J</b>
STREET ADDRESS	<b>3801 PGA BOULEVARD, SUITE <del>555</del> 600</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<b>VP/AS</b> <input type="checkbox"/> Delete
NAME	<b>JURAN, LAWRENCE B</b>
STREET ADDRESS	<b>3801 PGA BOULEVARD, SUITE <del>555</del> 600</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Patrick J. DiSalvo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. DiSalvo**  
 Vice President

**2/25/02**  
 Date

561-630-5055

CR2E034 (9/01)