


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90120 042 ****61.25

DOCUMENT # N99000006526	
1. Entity Name WESTON MEDICAL AND PROFESSIONAL CAMPUS MASTER ASSOCIATION, INC.	

Principal Place of Business % FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071	Mailing Address % FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071
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40080311



2. Principal Place of Business Phoenix Management Services, Inc. Suite, Apt. #, etc. 4780 N. ST RD 7, Suite 250 Lauderdale Lakes, FL 33319 USA	3. Mailing Address Phoenix Management Services, Inc. Suite, Apt. #, etc. 4780 N. ST RD 7, Suite 250 Lauderdale Lakes, FL 33319 USA
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04122005 Chg-NP CR2E037 (10/03)

4. FEI Number 31-1810350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARGENTO, ROBERT 5 FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071	
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7. Name and Address of New Registered Agent Name Sheldon Goldberg Street Address (P.O. Box Number is Not Acceptable) Phoenix Management Services, Inc. 4780 N. ST RD 7, Suite 250 Lauderdale Lakes, FL 33319	
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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 Sheldon Goldberg Sheldon Goldberg 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD-VP RODRIGUEZ, LUIS 905 SW 174TH TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP P CORREA, ALVARO 2201 N. COMMERCE PARKWAY WESTON, FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ORLANDO 11786 S.W. 90TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Sheldon Goldberg Sheldon Goldberg 4/28/05 954-640-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #