2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N27469

Entity Name: MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1925 EAST MICHIGAN STREET, STE. 201
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1925 EAST MICHIGAN STREET, STE. 201
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 65-0113789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONSO, RICARDO
1925 EAST MICHIGAN STREET
ORLANDO, FL 32806 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: VT ( ) Delete
Name: RIVERON, MARIO
Address: 240 ROLLINGWOOD TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: PS ( ) Delete
Name: ALONSO, RICARDO
Address: 1925 EAST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: ALONSO, MARINGELES
Address: 1152 CHARMING ST
City-St-Zip: MAITLAND, FL

Title: D ( ) Delete
Name: RIVERON, HELIODORA
Address: 240 ROLLINGWOOD TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: RICARDO ALONSO PS 04/27/2009

Electronic Signature of Signing Officer or Director — Date