

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006526

FILED  
May 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PHOENIX MGMT SERVICES, INC.  
4780 N ST RD 7 STE 250  
FORT LAUDERDALE, FL 33317

**New Principal Place of Business:**

PHOENIX MGMT SERVICES, INC.  
4800 N ST RD 7 STE 105  
FORT LAUDERDALE, FL 33317

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD 7 SUITE 105  
LAUDERDALE LAKES, FL 33319 US

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: PHOENIX MANAGEMENT SERVICES

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, ORLANDO  
Address: 13746 NW 18TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: V. CORREA, ALVARO  
Address: 2201 N. COMMERCE PKWY  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CORREA, ALVARO  
Address: 2201 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33331

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

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: CORREA, ALVARO

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date