

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 554838

1. Entity Name

NORTH RIDGE MEDICAL PLAZA, INC.



Principal Place of Business

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE, FL 33334 US

Mailing Address

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE, FL 33334 US



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1892897

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINCOLN, TIMOTHY C ESQ.
LINCOLN ESQ, P.A.
46 NE 6TH ST.
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DIAZ, MAYRA
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LINCOLN, TIMOTHY
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000535246
05/08/06-80044-024 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 14 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Timothy C. Lincon

Timothy C. Lincon, V.P.

4/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #