2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 554838

Entity Name: NORTH RIDGE MEDICAL PLAZA, INC.

Current Principal Place of Business:

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 411
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

5601 NORTH DIXIE HIGHWAY
SUITE 411
FORT LAUDERDALE, FL 33334 US

Current Mailing Address:

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 411
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

5601 NORTH DIXIE HIGHWAY
SUITE 411
FORT LAUDERDALE, FL 33334 US

FEI Number: 59-1892897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINCOLN, TIMOTHY C
Address: 5601 NORTH DIXIE HIGHWAY SUITE 411
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S ( ) Delete
Name: JOHNS, PHYLLIS
Address: 5601 NORTH DIXIE HIGHWAY, SUITE 411
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: LINCOLN, TIMOTHY C
Address: 5601 NORTH DIXIE HIGHWAY SUITE 411
City-St-Zip: FORT LAUDERDALE, FL 33334

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

SIGNATURE: TIMOTHY C. LINCOLN PTD 04/08/2009

Electronic Signature of Signing Officer or Director Date