


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 728930</b><br>1. Entity Name<br><b>CARDINAL PROFESSIONAL CENTER ASSOCIATION, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>3003 CARDINAL DRIVE, SUITE C<br/>VERO BEACH FL 32963</b> | Mailing Address<br><b>3003 CARDINAL DRIVE, SUITE C<br/>VERO BEACH FL 32963</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt #, etc. | 3. Mailing Address<br>Suite, Apt #, etc. |
|--|--|

|              |              |     |         |
|--------------|--------------|-----|---------|
| City & State | City & State |     |         |
| Zip          | Country      | Zip | Country |



MOORE CR2E037 (11/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>59-1526120</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                          |  |
| 6. Name and Address of Current Registered Agent<br><b>CASALINO, GREGG M<br/>3111 CARDINAL DR<br/>VERO BEACH FL 32963</b> |  |
| 7. Name and Address of New Registered Agent  |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  |
| City   |  |
| FL Zip Code  |  |

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | SD<br>OFFUTT, HARRY <input type="checkbox"/> Delete       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3003 CARDINAL DRIVE                                       | NAME  |   |
| STREET ADDRESS             | VERO BCH, FL 00000  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | TD<br>OFFUTT, HARRY C <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3003 CARDINAL DRIVE                                       | NAME  |   |
| STREET ADDRESS             | VERO BEACH FL 32963                                       | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | SD<br>MARILYN, ANTONELLIS <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3003 CARDINAL DR.   | NAME  |   |
| STREET ADDRESS             | VERO BEACH FL 32963                                       | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | DATD<br>OFFUTT, SALLY M <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3003 CARDINAL DRIVE                                       | NAME  |   |
| STREET ADDRESS             | VERO BEACH FL 32963                                       | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete                           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete                           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |

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02/17/04-80017-017 61.25

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.

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|--|---|---|
| <b>SIGNATURE:</b>  |  | Date: <b>2/13/04</b> 712-231-2100<br><small>Daytime Phone #</small> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |   |   |