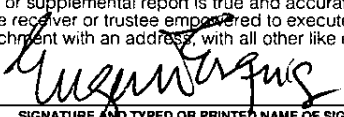


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90506 023 *****61.25

DOCUMENT # 734603 1. Entity Name MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, INC.					
Principal Place of Business 205 PALERMO PLACE VENICE FL 34285 US			Mailing Address 512-516 NOKOMIA AVE S VENICE FL 34285 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ERQUIAGA, EUGENIO MD 205 PALERMO PLACE VENICE FL 34285			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST VARDI, DAN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	219 PALERMO PLACE		NAME		
STREET ADDRESS	VENICE FL 34285		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ERQUIAGA, EUGENIO ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	205 PALERMO PLACE ST		NAME		
STREET ADDRESS	VENICE FL 34285		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD PATETE, MICHAEL J ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	213 PALERMO PLACE		NAME		
STREET ADDRESS	VENICE FL 34285		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 			Eugenio Erquiaga, MD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/22/04(941) Daytime Phone # 488-7781		



MOORE CR2E037 (11/03)