## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # 734603  1. Entity Name MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, INC.					)	04-23-200		)22 ****6	1.25
205 PALERMO PLACE 512			ailing Address 112-516 NOKOMIA AVE S /ENICE, FL 34285 US			73615		811 <b>61</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NIEL BLIEBI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc	S.		04092007	Chg-NP	CR2E0	37 (12/06)	
City & State	e .	City & State <b>VENICE</b> ,	FL		4. FEI Number 59-17629	59		<del></del>	oplied For of Applicable
Zip	Country	Zip 34285	US	untry	5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Curre		105	<u> </u>	7. Name and Ac	idress of New	Registered .		
FDOULAG	A ELICENIO MD			Name					
ERQUIAGA, EUGENIO MD 205 PALERMO PLACE VENICE, FL 34285				Street Address (P.O. Box Number is Not Acceptable)					
VENICE, F	-L 34263								
				City			FL	Zip Cod	е
	named entity submits this statement tions of registered agent.	for the purpose of chang	ing its register	ed office or registe	ered agent, or both,	in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE .									
0.	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)		DATE		
	Signature, typed or printed name of registered against Filling Fee is \$61.25  Due by May 1, 2007	9. Election	(NOTE: Registere on Campaign F Fund Contribut	inancing	\$5.00 May Be Added to Fees	Fi	Make chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND	9. Electic Trust F	on Campaign f	inancing	\$5.00 May Be		Make chec orida Depar	RECTORS IN	tate
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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 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. <u>Eugenio</u> Erquiaga, $MD^4/7/7$  President

**SIGNATURE:** 

Eugenio Erquiaga

Daytime Phone #

(941)488-7781