

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759956

FILED
Mar 11, 2009
Secretary of State

Entity Name: MEMORIAL PROFESSIONAL PLAZA B CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O 3636 UNIVERSITY BLVD. S
B2
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

C/O 3636 UNIVERSITY BLVD. S
BLDG B / CONTARINI M.D.
JACKSONVILLE, FL 32216 US

Current Mailing Address:

C/O 3636 UNIVERSITY BLVD S
B2
JACKSONVILLE, FL 32216 US

New Mailing Address:

C/O 3636 UNIVERSITY BLVD S
BLDG B / CONTARINI M.D.
JACKSONVILLE, FL 32216 US

FEI Number: 59-2129952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASS, M.F.
3636 UNIVERSITY BLVD. S
B2
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CONTARINI, OSVALDO
3636 UNIVERSITY BLVD. S
BLDG B
JACKSONVILLE, FL 32216 US

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: OSVALDO CONTARINI, M.D.

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONTARINI, OSVALDO,
Address: 3636 UNIVERSITY BLVD SO
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: POHL, ROBERT
Address: 3636 UNIVERSITY BLVD. S. STE # 10
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete
Name: MASS, M.F.,
Address: 3636 UNIVERSITY BLVD.S , B2
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HARRIS, JEREMY MD
Address: 3636 UNIVERSITY BLVD. SO B3
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: BAILEY, MATTHEW
Address: 3636 UNIVERSITY BLVD. SO., STE # 10
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONTARINI, OSVALDO,
Address: 3636 UNIVERSITY BLVD SO
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MASS, M.F.,
Address: 3636 UNIVERSITY BLVD.S , B2
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: OSVALDO CONTARINI M.D.

MD

03/11/2009

Electronic Signature of Signing Officer or Director

Date