2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2129952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CONTARINI, OSVALDO
Address: 3636 UNIVERSITY BLVD SO
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: OSVALDO CONTARINI MD 01/22/2010

Electronic Signature of Signing Officer or Director Date