2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759956

FILED Feb 08, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: 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:

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:

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 PRES 02/08/2012