

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759956

FILED
Nov 03, 2014
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

C/O 3636 UNIVERSITY BLVD S
BLDG B / SUITE B10
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:

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

Name and Address of New Registered Agent:

POHL, ROBERT
3636 UNIVERSITY BLVD. S
BLDG B / SUITE B10
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: ROBERT POHL

11/03/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: POHL, ROBERT
Address: 3636 UNIVERSITY BLVD SO SU. B10
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: CONTARINI, OSVALDO
Address: 3636 UNIVERSITY BLVD. S. STE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: ASAD, SYED
Address: 3636 UNIVERSITY BLVD.S SUITE B2
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: D
Name: BAILEY, MATTHEW
Address: 3636 UNIVERSITY BLVD. S SUITE B10
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: ROBERT POHL

D

11/03/2014

Electronic Signature of Signing Officer or Director

Date