

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760691

FILED  
Mar 08, 2010  
Secretary of State

Entity Name: ZOM SPRINGSIDE OFFICE CENTER I, INC.

## Current Principal Place of Business:

1220 DOUGLAS AVE  
# 207  
LONGWOOD, FL 32779 US

## Current Mailing Address:

1220 DOUGLAS AVE  
# 207  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

1220 COMMERCE PARK DRIVE  
# 207  
LONGWOOD, FL 32779 US

## New Mailing Address:

1220 COMMERCE PARK DRIVE  
# 207  
LONGWOOD, FL 32779 US

FEI Number: 59-2148192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVER, STANLEY  
1220 DOUGLAS AVE., #201  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

SILVER, STANLEY  
1220 COMMERCE PARK DR., #201  
LONGWOOD, FL 32779 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: DAVE WEBSTER

03/08/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: KRAUSE, MITCHEL  
Address: 1220 COMMERCE PARK DR. #103  
City-St-Zip: LONGWOOD, FL 32779

Title: PD  
Name: WEBSTER, DAVID  
Address: 1220 COMMERCE PARK DR. #207  
City-St-Zip: LONGWOOD, FL 32779

Title: SD  
Name: SILVER, STANLEY  
Address: 1220 COMMERCE PARK DR. #201  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: RYAN, SCOTT  
Address: 1220 COMMERCE PARK DR., #105  
City-St-Zip: LONGWOOD, FL 32779

Title: TD  
Name: FISHER, ROBERT  
Address: 1220 COMMERCE PARK DR. 205  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: FILLER, SAMUEL R  
Address: 1220 COMMERCE PARK DR. 101  
City-St-Zip: LONGWOOD, FL 32779

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: DAVE WEBSTER

PD

03/08/2010

Electronic Signature of Signing Officer or Director

Date