

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761611

1. Entity Name
CENTURY MEDICAL PLAZA ASSOCIATION, INC.



FILED

08 NOV 10 AM 11:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P. O. BOX 1536
TITUSVILLE, FL 32781-1536 US

Mailing Address
P. O. BOX 1536
TITUSVILLE, FL 32781-1536 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-2763162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COYLE, LARKIN
2075 SILVER STAR LANE
TITUSVILLE, FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-5-08

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SAMIR, ELIAS
STREET ADDRESS 1655 JESS PARRISH CT.
CITY-ST-ZIP TITUSVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000137781210
CITY-ST-ZIP 11/10/08--01027--007 **61.25

TITLE VD ☐ Delete
NAME DOUGLAS, BARIMO
STREET ADDRESS 1653 JESS PARRISH CT.
CITY-ST-ZIP TITUSVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ILHAM, ITANI
STREET ADDRESS 1614 COUNTRY CLUB DR
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-08

11/12/08