

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90109 021 ****61.25

DOCUMENT # 770133

1. Entity Name
PORT ST. LUCIE MEDICAL PLAZA ASSOCIATION, INC.



Principal Place of Business
**1572 S. NIEMEYER CIRCLE.
PORT ST. LUCIE, FL 34952 US**

Mailing Address
**1572 S. NIEMEYER CIRCLE.
PORT ST. LUCIE, FL 34952 US**

00000400

2. Principal Place of Business

3. Mailing Address

1304 SW BAYSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State
PORT ST LUCIE FL

4. FEI Number
59-2429361

Applied For
Not Applicable

Zip

Country

Zip

34983

Country

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

**SANGAS, VAN
1572 S NIEMEYER CIRCLE
PORT ST. LUCIE, FL 34952**

Name **WEBER WILLIAM L**
Street Address (P.O. Box Number is Not Acceptable)
1304 SW BAYSHORE BLVD
City **PT. ST. LUCIE** FL Zip Code **34983**

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 *William L. Weber*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**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 LEIBOWITZ, MARK
STREET ADDRESS 1701 SE HILLMOOR DR.
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE **TVP D** ☐ Change ☒ Addition
NAME **PAUL MICHAEL**
STREET ADDRESS **1701 S.E. HILLMOOR DR**
CITY-ST-ZIP **PT. ST. LUCIE, FL, 34952**

TITLE PD ☐ Delete
NAME URBAND, KENNETH
STREET ADDRESS 1572 S NIEMEYER CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL

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

TITLE SD ☒ Delete
NAME SANGAS, VAN
STREET ADDRESS 1572 S NIEMEYER CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE **SD** ☐ Change ☒ Addition
NAME ~~WILLIAM L. WEBER~~ **WEBER, WILLIAM L**
STREET ADDRESS **1304 SW BAYSHORE BLVD**
CITY-ST-ZIP **PT. ST. LUCIE, FL, 34983**

TITLE VPD ☒ Delete
NAME BIRNBAUM, ALLAN
STREET ADDRESS 1572 S NIEMEYER CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *William L. Weber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4 2006
Date Daytime Phone #