


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90020 033 \*\*\*\*61.25

<b>DOCUMENT # 770133</b>	
1. Entity Name <b>PORT ST. LUCIE MEDICAL PLAZA ASSOCIATION, INC.</b>	

Principal Place of Business <b>1572 S. NIEMEYER CIRCLE. PORT ST. LUCIE, FL 34952 US</b>	Mailing Address <b>1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US</b>
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2. Principal Place of Business - No P.O. Box # <b>430 NW LAKE WHITNEY PL</b>	3. Mailing Address <b>PO BOX 880038</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ST LUCIE FL</b>	City & State <b>PORT ST LUCIE FL</b>
Zip <b>34986</b>	Zip <b>34988-0038</b>
Country <b>USA</b>	Country <b>USA</b>

4004000-



03072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>WEBER, WILLIAM L 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>430 NW LAKE WHITNEY PLACE</b>	
City <b>PORT ST LUCIE</b>	State <b>FL</b>
Zip Code <b>34986</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOPD PAUL, MICHAEL 1701 SG HILLMOOR DR PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBAN, KENNETH 1572 S NIEMEYER CIRCLE PORT ST. LUCIE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBER, WILLIAM L 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>URBAN, KENNETH</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/13/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #