

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770133

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 59-2429361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, WILLIAM L
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TDPD () Delete
Name: PAUL, MICHAEL
Address: 1701 SG HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD () Delete
Name: URBAN, KENNETH
Address: 1572 S NIEMEYER CIRCLE
City-St-Zip: PORT ST. LUCIE, FL

Title: SD () Delete
Name: WEBER, WILLIAM L
Address: 1304 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM L. WEBER

SD

03/26/2009

Electronic Signature of Signing Officer or Director

Date