

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770133

**FILED**  
**Mar 03, 2010**  
**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  
Name: PAUL, MICHAEL DR  
Address: 1701 SE HILLMOOR DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: SD  
Name: WEBER, WILLIAM L  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D  
Name: KLAUS, NELSON DR  
Address: 2090 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34996

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: KENNETH URBAN

P

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date