

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000193

FILED
Mar 17, 2009
Secretary of State

Entity Name: TOLEDO BLADE PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

3073 S. HORSESHOE DR.
SUITE 118
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3073 S. HORSESHOE DR.
SUITE 118
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3674760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, DONALD L
3073 S HORSESHOE DR.
SUITE 118
NAPLES, FL 34104 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: DPT () Delete
Name: ARNOLD, DONALD L
Address: 3073 S. HORSESHOE DR., SUITE #118
City-St-Zip: NAPLES, FL 34104

Title: DVS () Delete
Name: JEPPESEN, MICHAEL W
Address: 3073 S. HORSESHOE DR., SUITE #118
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ROSS, DONALD
Address: 3073 S. HORSESHOE DR., SUITE #118
City-St-Zip: NAPLES, FL 34104

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: DONALD L ARNOLD

DPT

03/17/2009

Electronic Signature of Signing Officer or Director

Date