

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 035 \*\*\*\*61.25

**DOCUMENT # N00000006435**

1. Entity Name  
**43RD STREET MEDICAL BUILDING ASSOCIATION, INC.**



Principal Place of Business  
**4340 W NEWBERRY RD  
GAINESVILLE, FL 32607**

Mailing Address  
**3500-F NW 97TH BLVD.  
GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**783 Turkey Creek**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Alachua FL 32615**

Zip

Country

Zip

Country

**32615**

07292007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3705098**

Applied For  
Not Applicable

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

**SMITH, ANDREA  
3500-F NW 97TH BLVD  
GAINESVILLE, FL 32606**

Name  
**Sarah Beavers**  
Street Address (P.O. Box Number is Not Acceptable)  
**11400 Turkey Creek Blvd**  
City  
**Alachua** FL Zip Code  
**32615**

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 **Sarah Beavers, come** **Sarah Beavers** **8/27/07**  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHODOSH, LANCE MD  
4340 NEWBERRY ROAD STE 201  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BRIAN, KERR L  
4340 W NEWBERRY RD, STE 202  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GADDY, CLARK D  
4340 NEWBERRY RD SUITE 203  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
JAVID, BEHROOZ BEN  
4340 W NEWBERRY RD, STE 301  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BROWN, TOM  
4340 W NEWBERRY RD, STE 301  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:** **32615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #