2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000006435

Entity Name: 43RD STREET MEDICAL BUILDING ASSOCIATION, INC.

Current Principal Place of Business:

4340 W NEWBERRY RD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

783 TURKEY CREEK
ALACHUA, FL 32615

New Mailing Address:

148TURKEY CREEK
ALACHUA, FL 32615

FEI Number: 59-3705098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAVERS, SARAH
11400 TURKEY CREEK BLVD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

BEAVERS, SARAH
11820 TURKEY CREEK BLVD
ALACHUA, FL 32615 US

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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHODOSH, LANCE MD
Address: 4340 NEWBERRY ROAD STE 201
City-St-Zip: GAINESVILLE, FL 32607

Title: P ( ) Delete
Name: BRIAN, KERR L
Address: 4340 W NEWBERRY RD, STE 202
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete
Name: WILLIAMS, ANDREW
Address: 4340 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: DS ( ) Delete
Name: JAVID, BEHROOZ BEN
Address: 4340 W NEWBERRY RD, STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: BROWN, TOM
Address: 4340 W NEWBERRY RD, STE 301
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: BRIAN, KERR L
Address: 4340 W NEWBERRY RD, STE 202
City-St-Zip: GAINESVILLE, FL 32607

Title: P (X) Change ( ) Addition
Name: ROSEMAN, ROBERT
Address: 4340 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: S (X) Change ( ) Addition
Name: ATYEO, WALTER
Address: 4340 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: SARAH BEAVERS MGR 04/23/2009
Electronic Signature of Signing Officer or Director — Date