## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000006435

Apr 20, 2011 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

11820 TURKEY CREEK BLVD. 4340 NEWBERRY RD ALACHUA, FL 32615

301

GAINESVILLE, FL 32608

**Current Mailing Address: New Mailing Address:** 

148 TURKEY CREEK BLVD. 4340 NEWBERRY RD

ALACHUA, FL 32615

GAINESVILLE, FL 32608

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEAVERS, SARAH L ATYEO, WALTER G 11820 TUŔKEY CREEK BLVD 4340 NEWBERRY RD

301 ALACHUA, FL 32615 GAINESVILLE, FL 32608 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: WALTER G. ATYEO 04/20/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

RODGERS, LAWRENCE W Name: Address: 4340 NEWBERRY ROAD, STE 301

City-St-Zip: GAINESVILLE, FL 32607

Title:

Name: ATYEO, WALTER Address: 4340 NEWBERRY ROAD City-St-Zip: GAINESVILLE, FL 32607

Title:

KERR, BRIAN Name:

4340 NEWBERRY ROAD, STE 301 Address:

City-St-Zip: GAINESVILLE, FL 32607

Title:

Name: CHODOSH, LANCE I 4340 NEWBERRY ROAD Address: City-St-Zip: GAINESVILLE, FL 32607

Title:

ROSEMAN, ROBERT L Name: 4340 NEWBERRY ROAD Address: City-St-Zip: GAINESVILLE, FL 32607

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: WALTER G. ATYEO RA 04/20/2011