

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2010
Secretary of State

Entity Name: SOUTHPOINT PARKWAY MEDICAL & DENTAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4211 SOUTHPOINT PARKWAY
SUITE B
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4211 SOUTHPOINT PARKWAY
SUITE B
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3674248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETNER, ALAN E D.M.D.
4211 SOUTHPOINT PARKWAY
SUITE B
JACKSONVILLE, FL 32216 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: D
Name: FETNER, ALAN E D.M.D.
Address: 4211 SOUTHPOINT PARKWAY SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: HARTIGAN, MARY S D.M.D.
Address: 4211 SOUTHPOINT PARKWAY SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: YOUNG, ARTHUR R D.M.D.
Address: 4211 SOUTHPOINT PKWY STE A
City-St-Zip: JACKSONVILLE, FL 32216

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: ALAN E. FETNER D.M.D.

D

04/22/2010

Electronic Signature of Signing Officer or Director

Date