
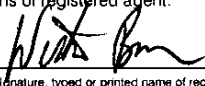
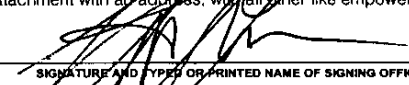


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90102 046 ****61.25

DOCUMENT # N00391			
1. Entity Name 43RD STREET PROFESSIONAL CENTER MAINTENANCE CORPORATION, INC.			
Principal Place of Business 1731 NW 6 STREET A GAINESVILLE, FL 32609 US		Mailing Address 1731 NW 6 STREET A GAINESVILLE, FL 32609 US	
2. Principal Place of Business - No P.O. Box # 1731 NW 6TH STREET		3. Mailing Address PO BOX 14506	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32609	Country ALACHUA	Zip 32604	Country ALACHUA
6. Name and Address of Current Registered Agent ED BAUR MANAGEMENT, INC. 1731 NW 6 STREET, SUITE A GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 3-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GRAVES, STEVEN J 3720 NW 43 STREET, 101 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILCHRIST, WILLIAM 3720 NW 43 STREET, 103 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, PATRICIA 3720 NW 43 STREET, 102 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIEBOLD, JON 3720 NW 43 STREET, 102 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 full power like empowered.			
SIGNATURE: 		J. Steven Graves 3/19/07 (352) 378-6917 Date Daytime Phone #	

40047000



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2434487

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required