

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90439 007 \*\*\*\*61.25

<b>DOCUMENT # N01000008711</b>					
<b>1. Entity Name</b> PHYSICIANS' PARK OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608			<b>Mailing Address</b> 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608		
<b>2. Principal Place of Business</b> 9116 SW 51ST ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 14121 Suite, Apt. #, etc.			
<b>City &amp; State</b> GAINESVILLE FL		<b>City &amp; State</b> GAINESVILLE FL		<b>4. FEI Number</b> 03-0379894	
<b>Zip</b> 32608		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEDINA, RICK 5330 SW 91ST TERR GAINESVILLE, FL 32608			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 9116 SW 51ST ROAD City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32604</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VASD ROWE, ROBERT R 5300 SW 91ST TERRACE #B GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP KRAMER, DEAN 1155 NW 64TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD SALTER, JAMES D 3940 NW 16TH BLVD. BLDG. B GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D McDOWELL, LOUW 1151 NW 64TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD C. DAVID COFFEY 5346 SW 91ST TERRACE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BIZUP, PATRICK 1143 NW 64TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>David Coffey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/06 <small>Date</small>		(352) 335 3577 <small>Daytime Phone #</small>