

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008711

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS' PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1143 NW 64TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1143 NW 64TH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 03-0379894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIZUB, PATRICK  
1143 NW 64TH TERRACE  
GAINESVILLE, FL 32605 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:** DP  
**Name:** KRAMER, DEAN  
**Address:** 1155 NW 64TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** D  
**Name:** MCDOWELL, LONN  
**Address:** 1151 NW 64TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** D  
**Name:** BIZUB, PATRICK  
**Address:** 1143 NW 64TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** PATRICK BIZUB

D

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date