

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 08:00 AM
Secretary of State



DOCUMENT # N02469

1. Entity Name

**MEDICAL PARK PLAZA PROFESSIONAL CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O LINCOLN PROPERTY COMPANY
3627 UNIVERSITY BLVD. SOUTH #140
JACKSONVILLE FL 32216
US

C/O LINCOLN PROPERTY COMPANY
3627 UNIVERSITY BLVD. SOUTH #140
JACKSONVILLE FL 32216
US



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2540621

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSH, SHARON
2626 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$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: PD Delete
NAME: ROUSH, SHARON
STREET ADDRESS: 2626 CAPITOL MEDICAL BVD
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 1100000065997
CITY-ST-ZIP: 02/25/04-80061-001 61.25

TITLE: VPB Delete
NAME: BUNNELL, DEBORAH
STREET ADDRESS: 1881 PROFESSIONAL DARK CIRCLE #80
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: DTS Delete
NAME: KEPPER, WILLIAM
STREET ADDRESS: 1885 PROFESSIONAL DARK CIRCLE #30
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
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CITY-ST-ZIP: Delete

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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Sharon L. Roush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/26/04

Daytime Phone #