2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2006 8:00 am Secretary of State

1. Entity Name MEDICAL ASSOCIA	. PARK PLAZA PROFESSIO TION, INC.		JM			401	08-31-20 10223		002 013	8 ****61	.25
Principal Place of Business C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH #140 JACKSONVILLE, FL 32216 US Mailing Address C/O LINCOLN PROPERTY COMPA 3627 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 US								. m.ē. 1911 8 11			
2. Principal Pl	lace of Business	3. Mailing Address					EBALE ILOH EKSUD I		10 E 1 \$10		#UN EL 1831 · · ·
Suite, Apt.	#.etc. suite 430	Suite, Apt. #, etc. S	uite	430	.0	8162006	Chg-NP	٠	CR2E0	37 (4/06)	
City & State	9	City & State			4.	FEI Numbe 59-2540					oplied For of Applicable
Zip	Country	Zip	Cou	intry	5.	Certificate d	of Status Des	ired		\$8.75 Add	ditional
	B. Name and Address of Current	Registered Agent	1	T	7.	Name and	Address of I	New Reg			
				Ивте							
	HARON ITAL MEDICAL BLVD. SSEE, FL 32308	•		Street Add	dress (P.O.	Box Numbe	r is Not Acce	ptable)	,		
				City		· · · ·		, ·	FL	Zip Cod	le
		r the purpose of changing It	s register	ed office or re	registered s	egent, or bot	h in the State	of Floric	da lam f		and accept
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SIGNATURE .	ions of registered agent.		TE: Registere	inancing	\$5	00 May B	•	Mal	DATE ke check	payable 1	lo:
SIGNATURE .	Signature, typed or printed name of registered agent. Filling Fee Is \$61.25	and title it applicable. (NO 9. Election Ca Trust Fund	TE: Registere	inancing ion. [\$5 □ Add	5.00 May Boded to Fees	•	Mai Florid	DATE ke check a Depart	payable trnent of S	to State
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12. I hereby certify that the Information supplied with this filling 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.

SIGNATURE: .

Rouse SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/06

850-325 SOLT

Daytime Phons #