


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-31-2006 90002 018 ****61.25

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DOCUMENT # N02469			
1. Entity Name MEDICAL PARK PLAZA PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.		Mailing Address C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH #140 JACKSONVILLE, FL 32216 US	
Principal Place of Business C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH #140 JACKSONVILLE, FL 32216 US		Mailing Address C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH #140 JACKSONVILLE, FL 32216 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. suite 430		Suite, Apt. #, etc. suite 430	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2540621		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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 ROUSH, SHARON 2626 CAPITOL MEDICAL BVD TALLAHASSEE, FL 32308 <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	VPO BUNNELL, DEBORAH 1881 PROFESSIONAL DARK CIRCLE #80 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1881 Professional Park Circle #80
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KEPPER, WILLIAM 1885 PROFESSIONAL DARK CIRCLE #30 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1885 Professional Park Circle #30
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
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 118, 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: <u>Sharon L. Roush</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: <u>8/16/06</u>		Date	
Daytime Phone # <u>850-325-5017</u>		Daytime Phone #	