


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State


DOCUMENT # N02469

1. Entity Name
MEDICAL PARK PLAZA PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH 430 JACKSONVILLE, FL 32216 US	Mailing Address C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH 430 JACKSONVILLE, FL 32216 US
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01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2540621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROUSH, SHARON
 2626 CAPITAL MEDICAL BLVD.
 TALLAHASSEE, FL 32308**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUSH, SHARON 2626 CAPITOL MEDICAL BVD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD BUNNELL, DEBORAH 1881 PROFESSIONAL PARK CIR SUITE 80 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KEPPER, WILLIAM 1885 PROFESSIONAL PARK CIR SUITE 30 TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/08-80038-003 61.25

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.

SIGNATURE: Sharon L. Roush 1/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #