2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02469

FILED Feb 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O LINCOLN PROPERTY COMPANY C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH 430 1765 E NINE MILE RD, STE 1, BX 334 JACKSONVILLE, FL 32216 PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

C/O LINCOLN PROPERTY COMPANY C/O LINCOLN PROPERTY COMPANY 3627 UNIVERSITY BLVD. SOUTH 430 1765 E NINE MILE RD, STE 1, BX 334 JACKSONVILLE, FL 32216 PESNACOLA, FL 32514

FEI Number: 59-2540621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROUSH, SHARON MADISON, RUSSELL 2626 CÁPITAL MEDICAL BLVD. 1765 E NINE MILE RD, STE 1, BX 334 TALLAHASSEE, FL 32308 PENSACOLA, FL 32514

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: RUSSELL MADISON 02/11/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROUSH, SHARON WETHINGTON, BUD Name: Name: 2626 CAPITOL MEDICAL BVD Address: 2626 CAPITAL MEDICAL BLVD Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

(X) Change () Addition Title: () Delete Title:

BUNNELL, DEBORAH Name: KEPPER, WILLIAM Name:

Address: 1881 PROFESSIONAL PARK CIR SUITE 80 Address: 1885 PROFESSIONAL PARK CIR SUITE 30

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: DTS () Delete Title: DTS (X) Change () Addition KEPPER, WILLIAM Name: BUNNELL, DEBORAH Name:

1885 PROFESSIONAL PARK CIR SUITE 30 1881 PROFESSIONAL PARK CIR SUITE 80 Address: Address:

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BUD WETHINGTON PD 02/11/2009