

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 01, 2011
Secretary of State**

DOCUMENT# N02469

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

Current Principal Place of Business:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MADISON, RUSSELL
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WETHINGTON, BUD
Address: 2626 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD
Name: KEPPEL, WILLIAM
Address: 1885 PROFESSIONAL PARK CIR SUITE 30
City-St-Zip: TALLAHASSEE, FL 32308

Title: DTS
Name: BUNNELL, DEBORAH
Address: 1881 PROFESSIONAL PARK CIR SUITE 80
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL MADISON

RA

03/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date