

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 02, 2008 8:00 am
Secretary of State**

04-02-2008 90026 031 ****61.25

DOCUMENT # N0300004753



1. Entity Name
**NORTHPORT PROFESSIONAL CENTER OWNERS
ASSOCIATION, INC.**

Principal Place of Business
**2101 NORTHSIDE DRIVE
UNIT 102
PANAMA CITY, FL 32405**

Mailing Address
**2101 NORTHSIDE DRIVE
UNIT 102
PANAMA CITY, FL 32405**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-2209734	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORROW, JOHN.
2101 NORTHSIDE DRIVE
UNIT 102
PANAMA CITY, FL 32405**

Name **Maciej Tumiel M.D.**

Street Address (P.O. Box Number is Not Acceptable)
2101 Northside Dr #604

City **Panama City Fl 32405**

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

Signature, typed or printed name of registered agent and title if applicable.

Maciej Tumiel MD

4-1-08

(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. **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

**P
MORROW, JOHN B
2101 NORTHSIDE DR., #102
PANAMA CITY, FL 32405**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**Maciej Tumiel M.D.
2101 Northside Dr # 604
Panama City Fl 32405**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
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CITY-ST-ZIP**

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CITY-ST-ZIP**

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CITY-ST-ZIP**

Change Addition

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STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maciej Tumiel MD 850-892-1242

Date *4-1-08* Daytime Phone #