2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004753

FILED Apr 30, 2009 Secretary of State

Entity Name: NORTHPORT PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

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

2101 NORTHSIDE DRIVE 2101 NORTHSIDE DRIVE UNIT 102 PANAMA CITY, FL 32405

PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

2101 NORTHSIDE DRIVE
UNIT 102
PANAMA CITY, FL 32405

2101 NORTHSIDE DRIVE
SUITE 603
PANAMA CITY, FL 32405

FEI Number: 35-2209734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TUMIELN, MACIEJ MD
2101 NORTHSIDE DRIVE
STE 604
PANAMA CITY, FL 32405 US

TUMIELN, MACIEJ MD
2101 NORTHSIDE DRIVE
STE 603
PANAMA CITY, FL 32405 US

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: MACIEJ TUMIEL MD 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: TUMIEL, MACIEJ MD Name: TUMIEL, MACIEJ MD

Address: 2101 NORTHSIDE DR STE 604 Address: 2101 NORTHSIDE DR STE 603
City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32405

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: JUDY HALL ACCT 04/30/2009