2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009738

FILED Apr 20, 2009 Secretary of State

Entity Name: TOWN VIEW MEDICAL ARTS CENTER OWNERS ASSOCIATION, INC.

Littley Na	ME. TOWN VIEW MEDICAL ARTS CENT	EIX OVVINEIXO AGGOCIATIOIN, IINC	<i>.</i> .	
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
7304 GALI ZEPHYRH	L BLVD. IILLS, FL 33541			
Current Mailing Address:		New Mailing Address:		
411 COMN SUITE E VENICE, F	MERCIAL COURT FL 34292			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
411 COMN SUITE E	, JAMES H SR MERCIAL COURT FL 34292 US			
	named entity submits this statement for the e of Florida.	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	\gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PTD () Delete BINGHAM, JAMES H SR. 411 COMMERCIAL COURT SUITE E VENICE, FL 34292	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVD () Delete GROSSBARD, LEE J DR 37840 MEDICAL ARTS COURT ZEPHYRHILLS, FL 33541	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CHEEMA, PAVITAR S 38023 N. MEDICAL AVENUE ZEPHYRHILLS, FL 33541	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES H BINGHAM, SR PTD 04/20/2009