2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# N03000010410

Entity Name: CITRUS TOWER MEDICAL CENTER MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

210 NORTH HIGHWAY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

New Mailing Address:

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

Name and Address of Current Registered Agent:

SWANN & HADLEY, P.A.
1031 W. MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 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: MGM
Name: BAJAJ, SANDEEP
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: REDDY, KARAN
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE CFO 04/29/2010

Electronic Signature of Signing Officer or Director — Date