2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N04000011388

Entity Name: TOWER MEDICAL CENTER OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

502 NW 16TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

502 NW 16TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 52-2446776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARREN, MICHAEL E
502 NW 16TH AVE.
GAINESVILLE, FL 32601 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 ( ) Delete
Name: WARREN, MICHAEL E
Address: 502 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: VTD ( ) Delete
Name: BUCHANAN, SCOTT A
Address: 502 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: BEERY, BEAU
Address: 502 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: MOROS-HANLEY, ANA
Address: 2005 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LINDEN, ALBERT H JR.
Address: 2015 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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: MICHAEL E. WARREN P 04/21/2009

Electronic Signature of Signing Officer or Director — Date