

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011388

FILED
Apr 12, 2011
Secretary of State

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

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

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

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

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: MICHAEL E. WARREN

PD

04/12/2011

Electronic Signature of Signing Officer or Director

Date