

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011911

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** PINEAPPLE RIDGE MEDICAL PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

2351 W. EAU GALLIE BLVD., STE. 1  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2351 W. EAU GALLIE BLVD., STE. 1  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 65-1249181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUTZ, MICHAEL J.  
2351 W. EAU GALLIE BLVD., STE. 1  
MELBOURNE, FL 32935 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: DP ( ) Delete  
Name: BRUTZ, MICHAEL J.  
Address: 2351 W. EAU GALLIE BLVD., STE. 1  
City-St-Zip: MELBOURNE, FL 32935

Title: DS ( ) Delete  
Name: REDDY, MANOHAR G.  
Address: 2551 W. EAU GALLIE BLVD., STE. 1  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: MILITANO, KYLE  
Address: 2194 HIGHWAY A-1-A, SUITE 101  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 J.BRUTZ

PRES

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date