

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04540 1. Entity Name PALM BEACH MEDICAL PLAZA OWNERS ASSOCIATION, INC.						FILED 06 MAR 13 11:35 	
Principal Place of Business 5651 CORPORATE WAY SUITE 2 WEST PALM BEACH, FL 33407				Mailing Address 5651 CORPORATE WAY SUITE 2 WEST PALM BEACH, FL 33407			
2. Principal Place of Business		3. Mailing Address		01202006 REIN-NP		CR2E099 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0353422		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PAGE, TIMOTHY J 5651 CORPORATE WAY SUITE 2 WEST PALM BEACH, FL 33407				Name B 3/15/06 Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 05-06 City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE				Title Treasurer DATE 3-7-2006			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVSP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, DONALD G <input checked="" type="checkbox"/> Delete			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5651 CORPORATE WAY			STREET ADDRESS	300068108053		
CITY-ST-ZIP	W. PALM BEACH, FL 33407			CITY-ST-ZIP	03/20/06--01022--015 **297.50		
TITLE	DVS <input type="checkbox"/> Delete			TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, RICHARD G			NAME	561 Greenway Drive		
STREET ADDRESS	5651 CORPORATE WAY			STREET ADDRESS	North Palm Beach, FL 33408		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407 8			CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DV <input type="checkbox"/> Delete			TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, WILLIAM S			NAME	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5651 CORPORATE WAY, Suite 1			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAGE, TIMOTHY J			NAME	Tom Sattler <input type="checkbox"/> Delete		
STREET ADDRESS	5651 CORPORATE WAY, suite 2			STREET ADDRESS	5651 Corporate way, suite 4		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	West Palm Beach FL 33407		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.							
SIGNATURE:				Title Treasurer Date 3-7-2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			