

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# N04540

Entity Name: PALM BEACH MEDICAL PLAZA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5651 CORPORATE WAY  
SUITE 2  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

5651 CORPORATE WAY  
SUITE 1  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5651 CORPORATE WAY  
SUITE 2  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

5651 CORPORATE WAY  
SUITE 1  
WEST PALM BEACH, FL 33407

FEI Number: 65-0353422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRASER, THOMAS DR  
5651 CORPORATE WAY  
SUITE 1  
WEST PALM BEACH, FL 33407 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: S ( ) Delete  
Name: SATTLER, TOM  
Address: 5651 CORPORATE WAY, STE 4  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: PAGE, TIMOTHY J  
Address: 5651 CORPORATE WAY, STE 2  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P ( ) Delete  
Name: FRASER, THOMAS F  
Address: 5651 CORPORATE WAY STE 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: HUANG, DAVID H  
Address: 5651 CORPORATE WAY STE 1  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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: THOMAS F. FRASER

P

01/29/2009

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

\_\_\_\_\_  
Date