

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04540

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

5651 CORPORATE WAY
SUITE 1
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5651 CORPORATE WAY
SUITE 1
WEST PALM BEACH, FL 33407

New Mailing Address:

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
Name: SATTLER, TOM
Address: 5651 CORPORATE WAY, STE 4
City-St-Zip: WEST PALM BEACH, FL 33407

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

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

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

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: THOMAS F. FRASER

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02/23/2010

Electronic Signature of Signing Officer or Director

Date