2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000001563

Entity Name: GOODLETTE MEDICAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

661-681 GOODLETTE RD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8537
NAPLES, FL 34101

New Mailing Address:

FEI Number: 26-1143228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, DONALD R
3606 ENTERPRISE AVE
NAPLES, FL 34104 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 ( ) Delete
Name: BARBER, DONALD R
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: BURNS, KEVIN
Address: 6060 HIDDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: ENGEL, MELVIN
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: BUNNELL, JAMES
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

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: DONALD R BARBER PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date