

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006362

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** OCEAN'S BREEZE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

320 1ST STREET NORTH  
#614  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51559  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 20-3202503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISNAD, HITEN  
320 FIRST STREET NORTH  
#614  
JACKSONVILLE BEACH, FL 32250 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: PST  
Name: KISNAD, HITEN M.D.  
Address: 320 FIRST STREET NORTH SUITE 614  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP  
Name: KISNAD, NEETA  
Address: 320 FIRST STREET NORTH SUITE 614  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: HITEN KISNAD

PST

04/18/2012

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

\_\_\_\_\_  
Date