## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012631

FILED Jan 17, 2008 Secretary of State

Entity Name: REDFERN PROFESSIONAL CENTER OWNER'S ASSOCIATION INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
	NN HWY FL 33556	18936 N DALE MABRY HWY LUTZ, FL 33548
urrent N	lailing Address:	New Mailing Address:
	NN HWY FL 33556	PO BOX 128 ODESSA, FL 33556
I Number	: 26-0504503 FEI Number Applied For (	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	l Address of Current Registered Ager	t: Name and Address of New Registered Agent:
∩\//ELL		
302 GUŃ	KEVIN E JR NN HWY FL 33556 US	
302 GUŃ DESSA, ne above	NN HWY FL 33556 US	the purpose of changing its registered office or registered agent, or both
302 GUŃ DESSA, ne above	NN HWY FL 33556 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both
302 GUŃ DESSA, ne above the State	NN HWY FL 33556 US e named entity submits this statement for e of Florida.	
302 GUŃ DESSA, ne above the State GNATUI	NN HWY FL 33556 US e named entity submits this statement for e of Florida.  RE:	
302 GUŃ DESSA, ne above the State GNATUI	NN HWY FL 33556 US e named entity submits this statement for e of Florida.  RE: Electronic Signature of Registere	I Agent Date
302 GUNDESSA,  ne above the State GNATUI  FFICER: le: me: dress:	NN HWY FL 33556 US  e named entity submits this statement for e of Florida.  RE: Electronic Signature of Registerer  S AND DIRECTORS:  PD () Delete HOWELL, KEVIN E JR 19302 GUNN HWY	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:

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: KEVIN E HOWELL JR PD 01/17/2008