

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05385

FILED
Apr 17, 2009
Secretary of State

Entity Name: PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

221 WALTON HEATH DRIVE
ORLANDO, FL 32792 US

New Principal Place of Business:

1321 EDGEWATER DR
SUITE 2
ORLANDO, FL 32804 US

Current Mailing Address:

P.O. BOX 4656
WINTER PARK, FL 32792 US

New Mailing Address:

1321 EDGEWATER DR
SUITE 2
ORLANDO, FL 32804 US

FEI Number: 59-2787775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY FIRST, INC.
221 WALTON HEATH DRIVE
3216 CORRINE DR.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

PERFORMANCE PROPERTY MANAGEMENT
1321 EDGEWATER DR
SUITE 2
ORLANDO, FL 32804 US

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: WILLIAM D. BISHOP III

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: SCOMA, ANDREW MD
Address: 1925 MIZELL AVE STE. 201
City-St-Zip: WINTER PARK, FL 32792

Title: DPT () Delete
Name: GREENBERG, SCOTT MD
Address: 1925 MIZELL AVE., STE. 303
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT GREENBERG, MD

DPT

04/17/2009

Electronic Signature of Signing Officer or Director

Date