

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05477

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** OAK HILL MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 6209  
SPRING HILL, FL 34611

**New Principal Place of Business:**

4389 TIOGA AVE.  
SPRING HILL, FL 34608

**Current Mailing Address:**

P.O. BOX 6209  
SPRING HILL, FL 34611

**New Mailing Address:**

**FEI Number:** 59-2497409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVANDIS, JOHN  
4389 TIOGA AVE.  
SPRING HILL, FL 34608 US

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

LEVANDIS, JOHN J  
4389 TIOGA AVE.  
SPRING HILL, FL 34608 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: JOHN J. LEVANDIS

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: IDICULA, JOSEPH  
Address: 10065 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613

Title: VD ( ) Delete  
Name: FOREMAN, ROB  
Address: P.O. BOX 5300  
City-St-Zip: SPRING HILL, FL 34606

Title: PD ( ) Delete  
Name: TRACEY, DEBORAH MD  
Address: 11323 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D ( ) Delete  
Name: SABA, SHEREEN MD  
Address: 11331 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TRACY, DEBRA DR  
Address: 11317 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: VD (X) Change ( ) Addition  
Name: EBERT, ROBERT DR  
Address: 8425 NORTHCLIFF BLVD.  
City-St-Zip: SPRING HILL, FL 34606 US

Title: SD (X) Change ( ) Addition  
Name: IDICULA, JOSEPH DR  
Address: 10065 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: TD (X) Change ( ) Addition  
Name: SABA, SHEREEN DR  
Address: 11331 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D ( ) Change (X) Addition  
Name: FOREMAN, ROB  
Address: PO BOX 5300  
City-St-Zip: SPRING HILL, FL 34611

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: DR. DEBRA TRACY

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date