2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# N05477

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

Current Principal Place of Business:

4389 TIOGA AVE.
SPRING HILL, FL 34608

New Principal Place of Business:

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 J
4389 TIOGA AVE.
SPRING HILL, FL 34608 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
Name: TRACY, DEBRA DR
Address: 11317 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: VPD
Name: EBERT, ROBERT DR
Address: 8425 NORTHCLIFF BLVD.
City-St-Zip: SPRING HILL, FL 34606 US

Title: STD
Name: IDICULA, JOSEPH DR
Address: 10065 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D
Name: SABA, SHEREEN DR
Address: 11331 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D
Name: FOREMAN, ROB
Address: PO BOX 5300
City-St-Zip: SPRING HILL, FL 34611

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: DEBRA TRACY PD 01/07/2010

Electronic Signature of Signing Officer or Director — Date