

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2012
Secretary of State

DOCUMENT# N05477

Entity Name: OAK HILL MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13779 LINDEN DRIVE
SPRING HILL, FL 34609 US**New Principal Place of Business:**13452 BOLTON COURT
SPRING HILL, FL 34609 US**Current Mailing Address:**13779 LINDEN DRIVE
SPRING HILL, FL 34609 US**New Mailing Address:**PO BOX 15570
SPRING HILL, FL 34604 US**FEI Number:** 59-2497409**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PROFESSIONAL ASSOCIATION MANAGEMENT LLC
13779 LINDEN DRIVE
SPRING HILL, FL 34609 US**Name and Address of New Registered Agent:**PROFESSIONAL ASSOCIATION MANAGEMENT LLC
13452 BOLTON COURT
SPRING HILL, FL 34609 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:

09/12/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: TRACY, DEBORAH P
Address: PO BOX 15570
City-St-Zip: SPRING HILL, FL 34604 US

Title: T
Name: IDICULA, JOSEPH T
Address: PO BOX 15570
City-St-Zip: SPRING HILL, FL 34604 US

Title: S
Name: DINAVAHI, SANKARA S
Address: PO BOX 15570
City-St-Zip: SPRING HILL, FL 34604 US

Title: VP
Name: FOREMAN, ROB V
Address: PO BOX 15570
City-St-Zip: SPRING HILL, FL 34604 US

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: DEBORAH TRACY

P

09/12/2012

Electronic Signature of Signing Officer or Director_____
Date