2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: METRO PARKWAY MEDICAL PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2780 CLEVELAND AVE., STE 459 LEGAL DEPT.
FORT MYERS, FL 33901 US

New Principal Place of Business:

2780 CLEVELAND AVE
STE 459 LEGAL DEPT.
FORT MYERS, FL 33901 US

Current Mailing Address:

2780 CLEVELAND AVE., STE 459 LEGAL DEPT.
FORT MYERS, FL 33901 US

New Mailing Address:

2780 CLEVELAND AVE
STE 459 LEGAL DEPT
FORT MYERS, FL 33901 US

FEI Number: 20-4463480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: LUCKETT, DOUG
Address: 2780 CLEVELAND AVE., STE 459 LEGAL DEPT.
City-St-Zip: FORT MYERS, FL 33901 US

Title: DT
Name: MELBY, BARB
Address: 2780 CLEVELAND AVE., STE 459 LEGAL DEPT.
City-St-Zip: FORT MYERS, FL 33901 US

Title: DS
Name: GREENWOOD, ALEX
Address: 2780 CLEVELAND AVE., STE 459 LEGAL DEPT.
City-St-Zip: FORT MYERS, FL 33901 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: DOUG LUCKETT DP 01/06/2010

Electronic Signature of Signing Officer or Director Date