2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N06000003963

Entity Name: MEDICAL PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SIMMONS, LA PLANT AND ASSOCIATES
201 E KENNEDY BLVD, SUITE 715
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

C/O JACOB REAL ESTATE SERVICES
607 W. BAY STREET
TAMPA, FL 33606 US

New Mailing Address:

C/O NEW PORT PROPERTY MANAGEMENT, LLC
PO BOX 173181
TAMPA, FL 336720181 US

FEI Number: 20-5703980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOB, JAMES C CCIM
JACOB REAL ESTATE SERVICES, INC
607 W. BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

NEW PORT PROPERTY MANAGEMENT, LLC
112 S 12TH STREET
SUITE D
TAMPA, FL 33602 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: GARY J. VOLENEC 02/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, GREG
Address: 5026 TRENTON ST
City-St-Zip: TAMPA, FL 33619 US

Title: DP ( ) Delete
Name: VOLENEC, GARY
Address: 112 S 12TH STREET, SUITE D
City-St-Zip: TAMPA, FL 33602 US

Title: DVP ( ) Delete
Name: JOHNSON, SCOTT
Address: 5026 TRENTON ST
City-St-Zip: TAMPA, FL 33619 US

Title: ST ( ) Delete
Name: LAPLANT, ROBERT
Address: 201 E KENNEDY BLVD, SUITE 715
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY J. VOLENEC DP 02/18/2009
Electronic Signature of Signing Officer or Director Date