

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011347

FILED
Jan 06, 2009
Secretary of State

Entity Name: MAGNOLIA PROFESSIONAL CENTRE ASSOCIATION, INC.

Current Principal Place of Business:

1800 PENN STREET SUITE 11
MELBOURNE, FL 32901

New Principal Place of Business:

1800 PENN STREET
SUITE 11
MELBOURNE, FL 32901

Current Mailing Address:

1800 PENN STREET SUITE 11
MELBOURNE, FL 32901

New Mailing Address:

1800 PENN STREET
SUITE 11
MELBOURNE, FL 32901

FEI Number: 20-5814027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

FRESE, GARY B
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE, FL 32901 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:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ULLIAN, MICHAEL S
Address: 1800 PENN STREET SUITE 11
City-St-Zip: MELBOURNE, FL 32901

Title: DVP () Delete
Name: CHILES-COOKE, CONNIE
Address: 2320 DAIRY RD SUITE 1
City-St-Zip: W MELBOURNE, FL 32904

Title: DST () Delete
Name: FISHER, KEVIN L
Address: 2107 DAIRY RD, N.
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: FISHER, KEVIN L
Address: 2340 DAIRY RD.
City-St-Zip: MELBOURNE, FL 32904

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: MICHAEL S. ULLIAN

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01/06/2009

Electronic Signature of Signing Officer or Director

Date