

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 050 ****61.25

DOCUMENT # N06000011428

1. Entity Name
**ROCKLEDGE MURRELL PROFESSIONAL
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**800 CENTURY MEDICAL DRIVE SUITE A
TITUSVILLE, FL 32796**

Mailing Address
**800 CENTURY MEDICAL DRIVE SUITE A
TITUSVILLE, FL 32796**

40045125



2. Principal Place of Business - No P.O. Box #

**840 Executive Ln.
Suite, Apt. #, etc.
Ste. 110**

3. Mailing Address

**840 Executive Lane
Suite, Apt. #, etc.
Suite 110**

01282008 Chg-NP CR2E037 (12/06)

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number
20-8616550

Applied For
Not Applicable

Zip Country
32955 USA

Zip Country
32955 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L ESQ
3490 N. HIGHWAY U.S. 1
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, JUAN M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVINE, RICHARD M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMM, SOLOMON M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIVERA, RICARDO M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALAL, ASHISH M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAWLS, R.DUFF M.D. 800 CENTURY MEDICAL DRIVE SUITE A TITUSVILLE, FL 32796	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan J. Perez

Date

Daytime Phone #

3/11/08 321-269-5101