2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N06000011428

Entity Name: ROCKLEDGE MURRELL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

840 EXECUTIVE LN STE 110
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

840 EXECUTIVE LN STE 110
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-8616550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PEREZ, JUAN J MD
840 EXECUTIVE LN
110
ROCKLEDGE, FL 32955 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: JUAN J PEREZ, MD 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PEREZ, JUAN M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

Title: DVP ( ) Delete
Name: LEVINE, RICHARD M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: ZIMM, SOLOMON M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

Title: DST ( ) Delete
Name: RIVERA, RICARDO M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: DALAL, ASHISH M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: SPRAWLS, R.DUFF M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PEREZ, JUAN J M.D.
Address: 800 CENTURY MEDICAL DRIVE SUITE A
City-St-Zip: TITUSVILLE, FL 32796

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:

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: JUAN J PEREZ, MD DP 01/07/2009
Electronic Signature of Signing Officer or Director Date