

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011428

FILED  
Jan 05, 2012  
Secretary of State

**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:**

PEREZ, JUAN J MD  
840 EXECUTIVE LN  
110  
ROCKLEDGE, FL 32955 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: PEREZ, JUAN J M.D.  
Address: 800 CENTURY MEDICAL DRIVE SUITE A  
City-St-Zip: TITUSVILLE, FL 32796

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

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

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

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

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

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: JUAN J PEREZ

DP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date