

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90184 007 \*\*\*\*61.25

<b>DOCUMENT # N06000011456</b>					
<b>1. Entity Name</b> BAYMEADOWS EAST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8133 BAYMEADOWS WAY JACKSONVILLE, FL 32256			<b>Mailing Address</b> 8133 BAYMEADOWS WAY JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-5832542	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAW OFFICES OF C. GUY BOND, P.A. 11512 LAKE MEAD AVE., SUITE 303 JACKSONVILLE, FL 32256			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> DAVIS, RYAN <b>STREET ADDRESS</b> 8133 BAYMEADOWS WAY <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> MICHAEL HAGHIGHI, M.D. <b>STREET ADDRESS</b> 9191 R.G. SKINNER PKWY, SUITE 901 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> FORD, TIM <b>STREET ADDRESS</b> 8133 BAYMEADOWS WAY <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SANJAY SWAMI, MD <b>STREET ADDRESS</b> 9191 R.G. SKINNER PARKWAY, SUITE 402 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> COLE, RYAN <b>STREET ADDRESS</b> 8133 BAYMEADOWS WAY <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> RICK GILES <b>STREET ADDRESS</b> 9191 R.G. SKINNER PKWY, SUITE 502 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Luile F. Fraga</i> CAM			4-26-08 (904) 221-8070		
_____ MANAGER FOR BAYMEADOWS EAST					