

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011456

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** BAYMEADOWS EAST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8133 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9191 R.G. SKINNER PARKWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7400 BAYMEADOWS WAY, SUITE 317  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-5832542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS OF JAX. FL  
7400 BAYMEADOWS WAY, SUITE 317  
JACKSONVILLE, FL 32256 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: PD ( ) Delete  
Name: HAGHIGHI, MICHAEL MD  
Address: 9191 R.G. SKINNN ER PKWY STE 901  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: SWAMI, SANJAY MD  
Address: 9191 R.G. SKINNER PKWY STE 402  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: GILES, RICK  
Address: 9191 RG SKINNER PKWY STE 502  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MYRA RANDOLPH

CAM

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date