

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Jan 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

9191 R.G. SKINNER PARKWAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**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  
Name: HAGHIGHI, MICHAEL MD  
Address: 9191 R.G. SKINNN ER PKWY STE 901  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: HASHEY, TERRY MD  
Address: 9191 R.G. SKINNER PKWY STE 603&604  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: PATTERSON, GUY  
Address: 9191 RG SKINNER PKWY STE 303&304  
City-St-Zip: JACKSONVILLE, FL 32256

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: MICHAEL HAGHIGHI

PD

01/07/2010

Electronic Signature of Signing Officer or Director

Date