2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 25, 2008 8:00 am Secretary of State

DOCUMENT # N0700000353 1. Entity Name WEST PARK PROFESSIONAL CENTER ASSOCIATION, INC.					-23-2008 90	03/01/******61.	<i>43</i>
Principal Place of Business 1002 EAST NEWPORT CENTER DR. SUITE 100 DEERFIELD BEACH, FL 33442 Mailing Address 1002 EAST NEWPORT CENTER I DEERFIELD BEACH, FL 33442							
2. Principal P	lace of Business - No P.Q. Box # NIU (on onut Bird)	3. Mailing Address 2295 ASM Con	orrate BWD				
Suite, Apt.	10 0 1 2 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite, Apt. #, etc.	38	01092008 C	hg-NP	CR2E037 (12/06)	
City & State BOCA Ration FL Boch Ration				4. FEI Number 20-82	19717	<u> </u>	plied For t Applicable
Zip 23	431 Palm Beach	Zip 33431	Palm Beac			S8.75 Add Fee Required	
	6. Name and Address of Current R	7. Name and Ad	dress of New Re	gistered Agent			
1002 EAS	E, ANDREW T NEWPORT CENTER DR. SUI D BEACH, FL 33442	Name Had	s (P.O. Box Number)		PLID SO	ite 13	
			City 12	a V = l==a		FL Zip Code	2.27
8. The above named entity subridite 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							401
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. Tam familiar with, and accept the obligations of registered agent.							
SIGNATURE .	Faurence	7 Morena	M			1/9/08	
SIGNATURE .	Signature. Need or pfinied name of registered agent an	Morena (NOTE:	Registered Ageni signature requ	uired when reinstating)		1/9/08 DATE	
SIGNATURE .		Morina Major applicable (NOTE: 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	//g/08 DATE DATE DESCRIPTION OF STATES DATE DAT	o de la
SIGNATURE	Signature, fleed or plinted name of registered agent an Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	DATE DAY DAY DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA D	ate
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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 faceiver or incustee empowered to execute this reduct as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact that my name appears with all other like empowered.

CITY-ST-ZIP

CITY-S1-ZIP

STREET ADDRESS

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STALLONE ANJREW JAL

ANJREW JAL

ANATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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☐ Change

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