2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000353

Apr 04, 2011 Secretary of State

Entity Name: WEST PARK PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1002 EAST NEWPORT CENTER DRIVE 5300 WEST HILLSBORO BLVD

SUITE 100 SUITE 100

DEEFIELD BEACH, FL 33442 COCONUT CREEK, FL 33073

New Mailing Address: Current Mailing Address:

1002 EAST NEWPORT CENTER DRIVE 5300 WEST HILLSBORO BLVD SUITE 100 SUITE 100

DEERFIELD BEACH, FL 33442 COCONUT CREEK, FL 33073

FEI Number: 20-8219717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ELLMAN, EDWARD ELLMAN, EDWARD 1002 EAST NEWPORT CENTER DRIVE

5300 WÉST HILLSBORO BLVD SUITE 100 SUITE 100 DEERFIELD BEACH, FL 33442 US COCONUT CREEK, FL 33073 US

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: EDWARD ELLMAN 04/04/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ASTROVE, ANDREW Name: Address: 7496 VALENCIA DRIVE City-St-Zip: BOCA RATON, FL 33433

Title:

Name: ELLMAN, EDWARD

Address: 5300 WEST HILLSBORO BLVD. SUITE 100

City-St-Zip: COCONUT CREEK, FL 33073

Title: **DVPS**

STALLONE, ANDREW Name:

5300 WEST HILLSBORO BLVD SUITE 100 Address:

City-St-Zip: COCONUT CREEK, FL 33073

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: ANDREW ASTROVE D 04/04/2011