2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001079

FILED Jan 14, 2009 Secretary of State

Entity Name: MEDICAL SERVICE CENTER PROPERTY OWNERS ASSOCIATION, INC

Elluty Nai	MEDICA	L SERVICE CENTER PROPER	RTY OWNERS ASSOCIATION,	INC.	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HSQUARE ACH, FL 3296	60			
Current Mailing Address:			New Mailing Address:		
	HSQUARE ACH, FL 3296	60			
FEI Number	: 65-0308165	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BLOCK, KATHRYN E 3880 39TH SQUARE VERO BEACH, FL 32960 US			BLOCK, KATHRYN E 21 ROYAL PALM POINTE SUITE 100 VERO BEACH, FL 32960 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				01/14/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP (HILL, J.P. 3880 39TH SO VERO BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (KANTZLER, G 805 37TH PLA VERO BEACH	.CE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (BAILEY, BEN P.O. BOX 643 VERO BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: J. P. HILL P 01/14/2009