2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

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Entity Name: MEDICAL SERVICE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3880 39TH SQUARE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3880 39TH SQUARE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0308165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCK, KATHRYN E
21 ROYAL PALM POINTE
SUITE 100
VERO BEACH, FL 32960 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: DP
Name: HILL, J.P.
Address: 3880 39TH SQUARE
City-St-Zip: VERO BEACH, FL 32960

Title: DS
Name: KANTZLER, GARRICK DR.
Address: 805 37TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: DT
Name: BAILEY, BEN
Address: P.O. BOX 643426
City-St-Zip: VERO BEACH, FL 32963

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: J. P. HILL DP 03/27/2012

Electronic Signature of Signing Officer or Director — Date