

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001648

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: DOC PLAZA CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1801 SE HILLMOOR DRIVE  
STE B-101  
PORT ST LUCIE, FL 34952

## New Principal Place of Business:

140 NW CHAMBER CT.  
PORT ST. LUCIE, FL 34986

## Current Mailing Address:

1801 SE HILLMOOR DRIVE  
STE B-101  
PORT ST LUCIE, FL 34952

## New Mailing Address:

P.O. BOX 86  
STUART, FL 34995

FEI Number: 26-2452996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLLIN, ALAN S M.D.  
1801 SE HILLMOOR DRIVE  
STE B-101  
PORT ST LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

COLLIN, ALAN S M.D.  
1871 SE TIFFANY AVE  
STE 100  
PORT ST LUCIE, FL 34952 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:

02/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLLIN, ALAN S M.D.  
Address: 1801 SE HILLMOOR DRIVE, STE B-101  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VPD ( ) Delete  
Name: IOANNIDES, TIM M.D.  
Address: 1800 SOUTH 23RD STREET, #5E 205  
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete  
Name: MARJIEH, ZIAD MICHEL M M.D.  
Address: 2100 NEBRASKA AVENUE, STE 105  
City-St-Zip: FORT PIERCE, FL 34950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COLLIN, ALAN S M.D.  
Address: 1871 SE TIFFANY AVE, SUITE 100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VPD (X) Change ( ) Addition  
Name: IOANNIDES, TIM M.D.  
Address: 140 CHAMBER CT.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN S. COLLIN, M.D.

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date