

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90027 043 ****61.25

DOCUMENT # N08800

1. Entity Name

MEDICAL CENTER PLAZA CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

C/O MR. MARCUS E. DREWA
 580 WEST 8TH STREET
 JACKSONVILLE FL 32209

Mailing Address

ATTN: KELLY RIGDON
 655 WEST 8TH STREET
 JACKSONVILLE FL 32209

B0048908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Attention: Charles E. Caniff
 Suite, Apt. #, etc.
 580 West 8th Street
 City & State
 Jacksonville, FL

3. Mailing Address

Attention: Charles E. Caniff
 Suite, Apt. #, etc.
 655 West 8th Street
 City & State
 Jacksonville, FL

4. FEI Number **59-2892231**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH, HULSEY & BUSEY
 225 WATER STREET
 STE 1800
 JACKSONVILLE FL 32209~~

7. Name and Address of New Registered Agent

Name: Charles E. Caniff, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 655 West 8th Street
 City: Jacksonville, FL Zip Code: 32209

8. 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: *Charles E. Caniff*

4/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST DREWA, MARCUS E. 580 W 8TH ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, GEORGE T 10626 WOODSDALE LANE S. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONOVAN, THOMAS W. 2700 C UNIVERSITY BLVD. W JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAY, W. W. 524 STOCKTON ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMINGWAY, LEROY 619 CASSAT AVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C P D Robert G. Norton 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Grey Gay, CPA 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Charles E. Caniff 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Caniff* Charles E. Caniff 4/27/01 904-244-5918
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)