

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08800

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEDICAL CENTER PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ATTENTION: CHARLES E CANIFF
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

ATTENTION: CHARLES E CANIFF
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

ATTN: CHARLES E CANIFF, ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-2892231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANIFF, CHARLES E ESQ
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

CANIFF, CHARLES E ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 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: CHARLES E. CANIFF

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: GOLDFARB, TIMOTHY
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: RYAN, WILLIAM J
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: CANIFF, CHARLES E
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: BURKHART, JAMES R
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: SD (X) Change () Addition
Name: CANIFF, CHARLES E ESQ.
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES E. CANIFF

SD

04/29/2005

Electronic Signature of Signing Officer or Director

Date