May 07, 2003 8:00 am § Secretary of State

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08800

1. Entity Name

SIGNATURE:

MEDICAL CENTER PLAZA CONDOMINIUM ASSOCIATION, IN C.



05-07-2003 90180 033 ****61.25

FILED

Principal Place of Business ATTENTION: CHARLES E CANIFF 655 WEST 8TH STREET			Mailing Address ATTENTION: CHARLES E CANIFF 655 WEST 8TH STREET JACKSONVILLE FL 32209				<u> </u>						
JACKSONVILLE FL 32209													
2. Principal Place of Business			3. Mailing Address					B) BA 10161 1941 6941	. BONI BIBLI BIBLI		HI BIDII IBBI		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 59-2892231			Applied For Not Applicable		
Zip Country		Zi	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent								7. Name and Add	iress of New R	egistered Ag	jent		1
						Name							ł
CANIFF, CHARLES E ESQ 655 WEST 8TH STREET				Str			reet Address (P.O. Box Number is Not Acceptable) .						
JACKSONVILLE FL 32209									-			1	
						City				FL	Zip Cod	6	1
8. The above	named entity sub	omits this statement fo	r the purn	oose of changing its	registere	d office o	r register	ed agent or both in	the State of Flo		niliar with	and accept	-
the obligat	ions of registered	agent.	r the parp	ooo or one, ging ito	rogiotore	o omoc o	. rogioten	od agoni, or boin, in	tilo olato or i lo	rida: Tarrita	THE PARTY	and addopt	
SIGNATURE .		nted name of registered agent	and title if app	plicable, (NOTE	Registere	d Agent signa	ture required	when reinstating)		DATE			
				9. Election Carr	neign E	inanoina		05.00	Ma	ka Chaak	Davabla	· ·	
FILE NOW: FEE IS \$61.25				Trust Fund Contribution			\$5.00 May Be Added to Fees			Make Check Payable to Florida Department of State			
10.		OFFICERS AND DIF	CTODO	<u> </u>	B 44			ADDITIONO (OLIANIO	FO TO OFFICE	DC AND DID	OTODO IN	-	-
TITLE	CPD	OFFICERS AND DIF	ECTORS	Delete	11.		CPE	ADDITIONS/CHANG	ES TO OFFICE		Croms III	Addition	1
NAME	STORY, OTIS	L SR		C Descu	NAM		7	ad a Cala	Ofach				١
STREET ADDRESS 655 WEST 8TH STREET				STRE	et address	250	LAYBE FOR	of stre	et			1	
CITY-ST-ZIP	JACKSONVILL	E FL 32209			CITY	-ST-ZIP	Jac	othy Gold West Ba 15501 Ville	F/. 3	2209			١
TITLE	TD			Delete	TITLE				,	[Change	Addition	١þ
NAME	RYAN, WILLIA				NAM		1						
STREET ADDRESS :	655 WEST 8T JACKSONVILL					et address •St-Zip	ł						1
	SD	E TL JEEUS		☐ Delete	₽		 				Change	Addition	1
TITLE NAME	CANIFF, CHA	RLES E		□ Delete	TITLE					L		☐ Worlfion	1
STREET ADDRESS	655 WEST 8T				6	- et address	(1
CITY-ST-ZIP	JACKSONVILL				CITY	ST-ZIP							
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NAME					NAMI	<u> </u>	ļ						
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CITY-ST-ZIP		•		•	1	ST-ZIP	}						
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NAME	1				NAMI		[-	_	
STREET ADDRESS						ET ADDRESS							1
CITY-ST-ZIP					CITY-	ST-ZIP							1

12. I hereby certify that the information symbliced 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 of trustee tempowered 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 arginess, with all other like empowered.