

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10146

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ORANGE PARK MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1895 KINGSLEY AVENUE  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

767 BLANDING BLVD  
103  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

**FEI Number:** 59-2614291      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EASLEY, MARSHA A  
2001 KINGSLEY AVENUE  
ORANGE PARK, FL 32073 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: PD  
Name: LOHSE, DEAN M.D.  
Address: 3627 UNIVERSITY BLVD. SOUTH, SUITE 355  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VD  
Name: MAZRAHI, EDWARD M.D.  
Address: 1895 KINGSLEY AVENUE, SUITE 401  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: STD  
Name: EASLEY, MARSHA A  
Address: 2001 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073 US

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: MARSHA A. EASLEY

STD

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date