

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90229 038 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harrier  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18821 (0)**

1. Corporation Name  
 Central Parkway Professional Association, Inc.

Principal Place of Business Mailing Address

6 8 4 6 2 \*  
 604662 - 90002 - 9

2. Principal Place of Business 2a. Mailing Address 2b. Date Incorporated or Qualified

21 901 Central Pkwy P.O. Box 6195 11/4/1985

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State 28 City & State

23 Stuart, FL 28 Stuart, FL

24 34994 29 34997 30 Martin

3. Certificate of Status Desired  \$8.75 Additional Fee Required

4. FEI Number 65-0085431 Applied For  Not Applicable

5. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

C.F. Shawver  
 1274 NE Business Park Pl  
 Jensen Bch FL 34957

10. Name and Address of New Registered Agent

81 Name Connie J. Robinson Applied Agent

82 Street Address (P.O. Box Number (Not Acceptable)) 1488 St Monroe St.

83

84 City Stuart FL 85 34997

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Connie J. Robinson Agent 4-12-99

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Frank Gallagher
STREET ADDRESS		1.3 STREET ADDRESS	10 Daily News
CITY-ST-ZIP		1.4 CITY-ST-ZIP	901 Central Parkway Stuart FL 34997 D/P
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Clyde Meyer Sylan Learning Center
STREET ADDRESS		2.3 STREET ADDRESS	905 Central Parkway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3 Stuart, FL 34994 D/S
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Joseph Albrecht
STREET ADDRESS		3.3 STREET ADDRESS	903 Central Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Stuart FL 34996 D
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Philip E. Melis
STREET ADDRESS		4.3 STREET ADDRESS	909 Central Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Stuart FL 34994 D/T
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Arthur L. Lutes
STREET ADDRESS		5.3 STREET ADDRESS	Allcom Technologies
CITY-ST-ZIP		5.4 CITY-ST-ZIP	909 & 911 Central Parkway Stuart, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Arthur Lutes
STREET ADDRESS		6.3 STREET ADDRESS	913 Central Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Gallagher 4-8-99 (561) 781-0010

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (1188)