

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 010 \*\*\*\*61.25

<b>DOCUMENT # N13929</b> 1. Entity Name <b>COURTYARD MEDICAL-PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2323 CURLEW RD.,STE.7A DUNEDIN, FL 34698</b>			Mailing Address <b>2323 CURLEW RD.,STE.7A DUNEDIN, FL 34698</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2764975</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JACOBSON, CHARLES J 2323 CURLEW RD.,STE.7A DUNEDIN, FL 34698</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEHUL, SHAH M.D.		NAME	LARRY WRIGHT	
STREET ADDRESS	1111 7TH AVE. N., SUITE 107		STREET ADDRESS	2323 CURLEW ROAD, SUITE 7C	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTTS, DAN		NAME		
STREET ADDRESS	2323 CURLEW ROAD #6A		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AJMO, CRAIG D.D.S.		NAME		
STREET ADDRESS	2323 CURLEW ROAD #20		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RICHARD M.D.		NAME		
STREET ADDRESS	2323 CURLEW RD #2A		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWES, JEANNE PHD		NAME		
STREET ADDRESS	2323 CURLEW RD STE 7A		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	M <input checked="" type="checkbox"/> Delete		TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, SHARON		NAME	CHARLES J. JACOBSON	
STREET ADDRESS	2323 CURLEW RD STE 7A		STREET ADDRESS	2323 CURLEW ROAD, SUITE 7A	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			2/7/06 (727) 785-3535		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<b>JEANNE HOWES, Ph. D., DIRECTOR</b>					

00014411



02012006 Chg-NP CR2E037 (11/05)

Applied For  
Not Applicable

**FL** Zip Code