2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N13999

Entity Name: ALTAMONTE PALM SPRINGS PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

475 OSCEOLA ST., SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

475 OSCEOLA ST., SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2675065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZISSMAN, EDWARD N.
475 OSCEOLA ST.
SUITE 1100
ALTAMONTE SPRINGS, FL 32701 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	( ) Delete
Name:	ZISSMAN, EDWARD N.	
Address:	475 OSCEOLA ST, STE1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	VD	( ) Delete
Name:	ALBERT, STEPHEN R.	
Address:	475 OSCEOLA ST, STE1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	SD	( ) Delete
Name:	ALBERT, CAROL J.	
Address:	475 OSCEOLA ST, STE1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	TD	( ) Delete
Name:	ZISSMAN, PHYLLIS R.	
Address:	475 OSCEOLA ST, STE1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD ZISSMAN PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date