
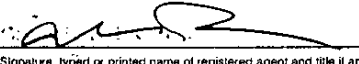
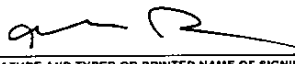


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 043 ****70.00

DOCUMENT # N18415 1. Entity Name FOXRIIDGE PROFESSIONAL CENTER ASSOCIATION, INC.			
Principal Place of Business 784 BLANDING BLVD. ORANGE PARK, FL 32065 US		Mailing Address 784 BLANDING BLVD. SUITE 110 ORANGE PARK, FL 32065	
2. Principal Place of Business 786 Blanding Blvd Suite, Apt. #, etc. Suite 118 City & State Orange Park FL Zip 32065 Country USA		3. Mailing Address 786 Blanding Blvd Suite, Apt. #, etc. Suite 118 City & State Orange Park, FL Zip 32065 Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDER, JERRY L D.D.S. 784 BLANDING BLVD. SUITE 110 ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name ALAN PERRY Street Address (P.O. Box Number is Not Acceptable) 786 Blanding Blvd, Ste 118 City Orange Park FL Zip Code 32065	
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 		ALAN PERRY (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABSHIRE, KYLE E 960 PLAINFIELD AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAWDY, SCOTT 2937 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUTEL, JAMES 1893 STATE RD. 220 ORANGE PARK, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDER, JERRY L 2475 DOGWOOD LANE ORANGE PARK, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JAMES 2600 BELL SHORE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALAN PERRY 786 Blanding Blvd, Ste 118 Orange Park, FL 32065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
SIGNATURE: 		ALAN PERRY, Treasurer 10APR06 904-298-2321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	