

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
FOX RIDGE 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

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

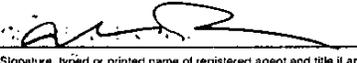
6. Name and Address of Current Registered Agent

**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** **10APR06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

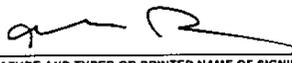
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABSHIRE, KYLE E 960 PLAINFIELD AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAWDY, SCOTT 2937 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUTEL, JAMES 1893 STATE RD. 220 ORANGE PARK, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDER, JERRY L 2475 DOGWOOD LANE ORANGE PARK, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JAMES 2600 BELL SHORE COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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, TRUSTEE** **10APR06** **904-298-2321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #