

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21445

FILED
Jan 19, 2010
Secretary of State

Entity Name: APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA HOSPITAL
601 E. ROLLINS STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT
601 E. ROLLINS STREET, BOX 145
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3000857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTIN, JOHN
FACILITIES MANAGEMENT
601 E ROLLINS STREET
ORLANDO, FL 32803 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
Name: FULBRIGHT, ROBERT
Address: 601 E ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: NIELSEN-SWANSON, VERBELEE
Address: 601 E. ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: GUSTIN, JOHN
Address: 601 E ROLLINS ST
City-St-Zip: ORLANDO, FL 32803

Title: SD
Name: HILLIARD, DOUGLAS
Address: 601 E. ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: MARINA, MD, OTILIA
Address: 203 N PARK AVE., STE 105
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: DOUG HILLIARD

SD

01/19/2010

Electronic Signature of Signing Officer or Director

Date