# 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 13, 2011**
**Secretary of State**

DOCUMENT# N21445

**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:**

BARRY, JODY
1919 N. ORANGE AVENUE
SUITE D
ORLANDO, FL 32804 US

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: JODY BARRY 06/13/2011
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: SD
Name: HURST, JEFF
Address: 2400 BEDFORD ROAD
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: ROBERT FULBRIGHT PD 06/13/2011
Electronic Signature of Signing Officer or Director Date