


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90005 003 ****61.25

DOCUMENT # N25353 1. Entity Name RIDGEWOOD OAKS PROFESSIONAL CENTER ASSOCIATION, INC.	
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Principal Place of Business 912 S RIDGEWOOD AVE STE D DAYTONA BCH., FL 32114	Mailing Address 912 S RIDGEWOOD AVE STE D DAYTONA BCH., FL 32114
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50023548

2. Principal Place of Business 912 S RIDGEWOOD AVE Suite, Apt. #, etc. SUITE A City & State DAYTONA BEACH FL Zip 32114 Country	3. Mailing Address 912 S RIDGEWOOD AVE Suite, Apt. #, etc. SUITE A City & State DAYTONA BEACH FL Zip 32114 Country
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07252006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent DUPONT, HEWITT J 912 S. RIDGEWOOD AVE., SUITE D DAYTONA BEACH, FL 32114	7. Name and Address of New Registered Agent Name C ROBERT BROWN Street Address (P.O. Box Number is Not Acceptable) 912 S RIDGEWOOD AVE SUITE C City DAYTONA BEACH FL Zip Code 32114
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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 C. Robert Brown, Pres C ROBERT BROWN, PRES 7/25/06
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 September 6, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPONT, HEWITT J. 823 VALENCIA ROAD SOUTH DAYTONA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, C. ROBERT 6211 SANTA MONICA DR. PORT ORANGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, DAVE A. 330 ZELDA BLVD. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACINTYRE III, RODERICK M 100 PLEASANT VALLEY DR DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: DAVE A. DUNN 7/25/06 386.257.2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVE A DUNN, TREAS