

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25353

FILED
Jan 28, 2009
Secretary of State

Entity Name: RIDGEWOOD OAKS PROFESSIONAL CENTER ASSOICATION, INC.

Current Principal Place of Business:

912 S RIDGEWOOD AVE
STE A
DAYTONA BCH., FL 32114

New Principal Place of Business:

912 S RIDGEWOOD AVE
STE B
DAYTONA BCH., FL 32114

Current Mailing Address:

912 S RIDGEWOOD AVE
STE A
DAYTONA BCH., FL 32114

New Mailing Address:

912 S RIDGEWOOD AVE
STE B
DAYTONA BCH., FL 32114

FEI Number: 59-2925112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, C. ROBERT
912 S. RIDGEWOOD AVE., SUITE C
DAYTONA BEACH, FL 32114 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: TD () Delete
Name: BROWN, C. ROBERT,
Address: 6211 SANTA MONICA DR.
City-St-Zip: PORT ORANGE, FL

Title: PD () Delete
Name: DUNN, DAVE A.,
Address: 330 ZELDA BLVD.
City-St-Zip: DAYTONA BEACH, FL

Title: VD () Delete
Name: MACINTYRE III, RODERICK M
Address: 100 PLEASANT VALLEY DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: DUPONT, SCOTT
Address: 912 S RIDGEWOOD AVE STE D
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: C. ROBERT BROWN

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date