


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90256 027 \*\*\*\*61.25

<b>DOCUMENT # N28432</b> 1. Entity Name <b>ORANGE PARK MEDICAL PLAZA II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1895 KINGSLEY AVE. SUITE 1005 ORANGE PARK, FL 32073</b>			Mailing Address <b>C/O AURELIO A MUZAURIETA 2221 SEGOVIA AVE JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1600</b> Suite, Apt. #, etc.			
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>		4. FEI Number <b>59-2916991</b>	
Zip <b>32067</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MUZAURIETA, AURELIO A</b> <b>2221 SEGOVIA AVE</b> <b>JACKSONVILLE, FL 32217</b> <i>Teresa Harrington</i> <b>358 Stiles Avenue</b> <b>Orange Park, FL 32073</b>				7. Name and Address of New Registered Agent Name <b>Teresa Harrington</b> Street Address (P.O. Box Number is Not Acceptable) <b>358 Stiles Avenue</b> City <b>Orange Park</b> <b>FL</b> <b>32073</b>	
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 <i>Teresa Harrington</i> DATE <b>5-1-06</b> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added -- Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITION, S/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSBORG, DAVID A 1895 KINGSLEY AVE STE 703 ORANGE PARK, FL	<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	VD ESQUIVIA-MUNOZ, CARLOS 1895 KINGSLEY AVE., STE., 701 ORANGE PARK, FL 32073	<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	STD MOHAMED, ANTAR H 1895 KINGSLEY AVE STE 801 ORANGE PARK, FL 32073	<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	VCOO MUZAURIETA, AURELIO A 2221 SEGOVIA AVE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO Aurelio A muzaurieta PO Box 1600 Orange Park, FL 32067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: <i>Teresa Harrington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-30-06</b> <small>Date Daytime Phone #</small>	