

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28432**

1. Entity Name

ORANGE PARK MEDICAL PLAZA II CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

1895 KINGSLEY AVE.  
SUITE 1005  
ORANGE PARK, FL 32073

Mailing Address

PO BOX 1600  
ORANGE PARK, FL 32067

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2916991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, TERESA  
358 STILES AVENUE  
ORANGE PARK, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME MOSBORG, DAVID A  
STREET ADDRESS 1895 KINGSLEY AVE STE 703  
CITY-ST-ZIP ORANGE PARK, FL

TITLE D  
NAME ESQUIVIA-MUNOZ, CARLOS  
STREET ADDRESS 1895 KINGSLEY AVE., STE., 701  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE P  
NAME MOHAMED, ANTAR H  
STREET ADDRESS 1895 KINGSLEY AVE STE 801  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE T  
NAME MUZAURIETA, AURELIO A  
STREET ADDRESS PO BOX 1600  
CITY-ST-ZIP ORANGE PARK, FL 32067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000930309  
05/21/08-80104-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08 904-215-2252