


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N37309 1. Entity Name BISCAYNE MEDICAL PLAZA ASSOCIATION, INC.	
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Principal Place of Business 21110 BISCAYNE BLVD SUITE 100A AVENTURA, FL 33180 US	Mailing Address 830 FESSLEERS PARKWAY SUITE 111 NASHVILLE, TN 37210 US
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0155601	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLADAY PROPERTIES
C/O AVENTURA HOSPITAL AND MEDICAL CENTER
830 FESSLEERS PARKWAY STE 111
NASHVILLE, TN, FL 37210**

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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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROHAN, HEATHER 20900 BISCAYNE BLVD AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUB, BENY MD 21110 BISCAYNE BLVD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENER, JACK 21110 BISCAYNE BLVD, #406 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/06-80007-021 61.25

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:  **1/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #