

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37309

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: BISCAYNE MEDICAL PLAZA ASSOCIATION, INC.

## Current Principal Place of Business:

21110 BISCAYNE BLVD  
SUITE 100A  
AVENTURA, FL 33180 US

## New Principal Place of Business:

21110 BISCAYNE BLVD  
SUITE 100-A  
AVENTURA, FL 33180 US

## Current Mailing Address:

830 FESSLERS PARKWAY  
SUITE 111  
NASHVILLE, TN 37210 US

## New Mailing Address:

21110 BISCAYNE BLVD.  
SUITE 100-A  
AVENTURA, FL 33180 US

FEI Number: 65-0155601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CANINO, SUSAN J  
21110 BISCAYNE BLVD.  
SUITE 100-A  
AVENTURA, FL 33180 US

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: SUSAN J. CANINO

08/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROHAN, HEATHER  
Address: 20900 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL

Title: STD ( ) Delete  
Name: RUB, BENY MD  
Address: 21110 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: GREENER, JACK  
Address: 21110 BISCAYNE BLVD, #406  
City-St-Zip: AVENTURA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROHAN, HEATHER  
Address: 20900 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

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

Title: VD (X) Change ( ) Addition  
Name: GREENER, JACK  
Address: 21110 BISCAYNE BLVD, #406  
City-St-Zip: AVENTURA, FL 33180

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: HEATHER ROHAN

PRES

08/30/2007

Electronic Signature of Signing Officer or Director

Date