2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N37309

Entity Name: BISCAYNE MEDICAL PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O STEVEN A. WEINBERG, ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 US

FEI Number: 65-0155601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEINBERG, STEVEN A
7805 S.W. 6TH COURT
PLANTATION, FL 33324 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: STEVEN A. WEINBERG 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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 33180

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:

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 PD 04/30/2009
Electronic Signature of Signing Officer or Director Date