## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N40916

FILED Apr 10, 2009 Secretary of State

| DOCOMENT# N40916                            |   |                                      |   | Secretary of State                           |  |
|---|---|--------------------------------------|---|--|--|
| Entity Na                                   | me: PLAZA P   | ROFESSIONAL CENTER, INC              | D.  |  |  |
| Current Principal Place of Business:        |   |                                      | New Principal Place                         | New Principal Place of Business:             |  |
| PO BOX 490711<br>LEESBURG, FL 347490711     |   |                                      | 600 NORTH BLVD., V<br>LEESBURG, FL 3474     |  |  |
| Current Mailing Address:                    |   |                                      | New Mailing Addres                          | s:   |  |
| PO BOX 4<br>LEESBUR                         | 90711<br>G, FL 347490   | 711                                  |   |  |  |
| FEI Number                                  | : 59-3056308  | FEI Number Applied For()             | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of C  | Current Registered Agent:            | Name and Address of                         | of New Registered Agent:                     |  |
| 600 NORT<br>LEESBUR<br>The above            | EIN, GERALD TH BLVD., W G, FL 34748 The named entity of of Florida. | US<br>submits this statement for the | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                    | RE:   |                                      |   |  |  |
|   | Electron  | nic Signature of Registered Ag       | ent   | Date   |  |
| OFFICERS AND DIRECTORS:                     |   |                                      | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PDT (<br>GOLDSTEIN, G<br>600 NORTH BL<br>LEESBURG, F                | VD WEST                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>TUCKER, MYR<br>304 LAGRAND<br>LADY LAKE, F                   | E BLVD                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                 | S (<br>VALDEZ, ANITA<br>311 LAGRAND                                 | E BLVD                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: GERALD GOLDSTEIN PDT 04/10/2009