

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2008
Secretary of State**

DOCUMENT# N45103

Entity Name: ENGLEWOOD MEDICAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

2151 MAIN ST
SUITE A
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2151 MAIN ST
SUITE A
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0295866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, JAMES L
200 S ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKS, RONALD H
Address: 2151 MAIN ST., SUITE A
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: HAHN, BARBARA LEE
Address: 2151 MAIN ST., SUITE A
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: PFAHLER, CHRISTINA
Address: 601 MEDICAL DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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: RONALD H. BURKS

D

01/18/2008

Electronic Signature of Signing Officer or Director

Date