2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N46849

Entity Name: SECOND STREET PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2143 NE 2ND ST
OCALA, FL 34470 US

New Principal Place of Business:

2143 NE 2ND STREET
OCALA, FL 34470 US

Current Mailing Address:

2143 NE 2ND ST
OCALA, FL 34470 US

New Mailing Address:

2143 NE 2ND STREET
OCALA, FL 34470 US

FEI Number: 59-3180905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIEFER, SCOTT
2143 NE 2ND STREET
OCALA, FL 34470 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: COCHRANE, JAMES
Address: 2141 NE 2ND ST
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: CHAMCHIL, MORAD,
Address: 2139-A NE 2ND STREET
City-St-Zip: OCALA, FL 34470

Title: PD ( ) Delete
Name: KIEFER, SCOTT R,
Address: 2143 N.E. 2ND STREET
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORAD CHAMCHIL,
Address: 2139-A NE 2ND ST
City-St-Zip: OCALA, FL 34470 US

Title: D (X) Change ( ) Addition
Name: ALISON COLLIER,
Address: 2141 NE 2ND ST
City-St-Zip: OCALA, FL 34470 US

Title: P (X) Change ( ) Addition
Name: SCOTT KIEFER,
Address: 2143 N.E. 2ND ST
City-St-Zip: OCALA, FL 34470 US

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: SCOTT KIEFER PRES 02/13/2009

Electronic Signature of Signing Officer or Director — Date