

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49024

FILED
Mar 24, 2009
Secretary of State

Entity Name: TITUSVILLE MEDICAL PLAZA, INC.

Current Principal Place of Business:

500 NORTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3348 EDGEWATER DRIVE
ORLANDO, FL 32804

New Mailing Address:

1350 N ORANGE AVENUE
SUITE 100
WINTER PARK, FL 32789

FEI Number: 59-2828756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMETREE, MARY L
DEMETREE BUILDERS, INC.
3348 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

DEMETREE, MARY L
DEMETREE BUILDERS, INC.
1350 N ORANGE AVE, STE 100
WINTER PARK, FL 32789 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: _____

Electronic Signature of Registered Agent

03/24/2009

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DEMETREE, MARY L.,
Address: 3348 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: RUTTER, PAUL W.,
Address: P.O. BOX 1325
City-St-Zip: MOUNT VERNON, WA 98273

Title: V () Delete
Name: ROBINSON, JASON S,
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: DEMETREE, MARY L.,
Address: 1350 N ORANGE AVENUE, STE 100
City-St-Zip: WINTER PARK, FL 32789

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

Title: V (X) Change () Addition
Name: ROBINSON, JASON S,
Address: 1350 N ORANGE AVE, STE 100
City-St-Zip: WINTER PARK, FL 32789

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: MARY L DEMETREE

Electronic Signature of Signing Officer or Director

MS

03/24/2009

Date