

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49024

FILED  
Apr 23, 2010  
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:**

1350 N ORANGE AVENUE  
SUITE 100  
WINTER PARK, FL 32789

**New Mailing Address:**

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.  
1350 N ORANGE AVE, STE 100  
WINTER PARK, FL 32789 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: STD  
Name: DEMETREE, MARY L STD  
Address: 1350 N ORANGE AVENUE, STE 100  
City-St-Zip: WINTER PARK, FL 32789

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY L DEMETREE

STD

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date