


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01/18/07 90017 041-61.25
APPROVED
AND
FILED

07 FEB 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002905 1. Entity Name HILLMOOR PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 400 S. US HIGHWAY ONE SUITE #4 JUPITER, FL 33477	Mailing Address 400 S. US HIGHWAY ONE SUITE #4 JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0444135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CULLIFER, RICHARD 400 S. US HIGHWAY ONE SUITE #4 JUPITER, FL 33477
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLIFER, RICHARD H 400 S. US HIGHWAY ONE, SUITE #4 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLORES, GERARD Q M.D. 118 N. NARANJA AVE. PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <u>Richard H. Cullifer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/16/07</u> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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Document Corrected per Sri Rao's Doc