2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N94000004078

Entity Name: RIDGEGATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2201 CANTU CT
SUITE 104
SARASOTA, FL 34232

New Principal Place of Business:

5969 CATTLERIDGE BLVD.
SUITE 200
SARASOTA, FL 34232

Current Mailing Address:

2201 CANTU CT
SUITE 104
SARASOTA, FL 34232

New Mailing Address:

5969 CATTLERIDGE BLVD.
SUITE 200
SARASOTA, FL 34232

FEI Number: 65-0554457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STARLING, FRED M
2201 CANTU COURT
STE. 104
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

STARLING, FRED M
5969 CATTLERIDGE BLVD.
STE. 200
SARASOTA, FL 34232 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP/D ( ) Delete
Name: STARLING, FRED M
Address: 2201 CANTU CT STE 104
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: CARLE, KENNETH D
Address: 5664 BEE RIDGE RD., SUITE 100
City-St-Zip: SARASOTA, FL 34233

Title: SD ( ) Delete
Name: EVANS, MICHAEL
Address: 5664 BEE RIDGE RD., STE 201
City-St-Zip: SARASOTA, FL 34233

Title: TD ( ) Delete
Name: BATEYKO, ROBERT
Address: 5664 BEE RIDGE RD STE 101
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition
Name: STARLING, FRED M
Address: 5969 CATTLERIDGE BLVD., SUITE 200
City-St-Zip: SARASOTA, FL 34232

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: FRED M. STARLING VP 04/24/2009
Electronic Signature of Signing Officer or Director — Date