


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002466 1. Entity Name FORT PIERCE MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2401 FRIST BLVD. SUITE ONE FT. PIERCE, FL 34950	Mailing Address 2401 FRIST BLVD. FT. PIERCE, FL 34950
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0550201	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHORR, JAY I M.D.
2401 FRIST BLVD.
FT. PIERCE, FL 34950

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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 SCHORR, JAY I M.D. 2401 FRIST BLVD SUITE ONE FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHORR, CHRISTINE 496 WATERS DR STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHORR, GARY M 12677 PINE ACRE LANE WELLINGTON, FL
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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01/24/05-80101-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____