

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2011
Secretary of State

Entity Name: FORT PIERCE MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2401 FRIST BLVD.
SUITE ONE
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2401 FRIST BLVD.
SUITE ONE
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0550201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORR, JAY I M.D.
2401 FRIST BLVD.
FT. PIERCE, FL 34950 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: PD
Name: SCHORR, JAY I M.D.
Address: 2401 FRIST BLVD SUITE ONE
City-St-Zip: FT. PIERCE, FL 34950

Title: T
Name: SCHORR, CHRISTINE
Address: 496 WATERS DR
City-St-Zip: FORT PIERCE, FL 34996

Title: DT
Name: SCHORR, GARY M
Address: 12677 PINE ACRE LANE
City-St-Zip: WELLINGTON, FL

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: JAY I SCHORR

PD

01/11/2011

Electronic Signature of Signing Officer or Director

Date