


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003005 1. Entity Name PORT ST. JOHN MEDICAL & PROFESSIONAL PLAZA ASSOCIATION, INC.	
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Principal Place of Business C/O ROBERT W. SOPOCY 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927	Mailing Address C/O ROBERT W. SOPOCY 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927
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01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223097	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 SOPOCY, ROBERT W 7135 NORTH U.S. HWY. 1 PORT ST. JOHN, FL 32927
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000611082
02/02/07-80046-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPOCY, ROBERT W 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAREY, JOHN G M.D. 7137 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAVINDRAN, AMBIKA 7139 N. U.S. HIGHWAY 1 PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 (321) 631-0300