


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

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # N96000003005</b> 1. Entity Name <b>PORT ST. JOHN MEDICAL &amp; PROFESSIONAL PLAZA ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O ROBERT W. SOPOCY 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927</b>	Mailing Address <b>C/O ROBERT W. SOPOCY 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927</b>
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01232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3223097</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SOPOCY, ROBERT W  
7135 NORTH U.S. HWY. 1  
PORT ST. JOHN, FL 32927**

**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, 2008**

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

U00000799422  
01/30/08-80068-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOPOCY, ROBERT W 7135 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>CAREY, JOHN G M.D. 7137 N. U.S. HWY. 1 PORT ST. JOHN, FL 32927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>RAVINDRAN, AMBIKA 7139 N. U.S. HIGHWAY 1 PORT ST. JOHN, FL 32927</b>
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: *Robert W. Sopoey* Robert W. Sopoey 1/28/08 (320)631-0300