2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: PORT ST. JOHN MEDICAL & PROFESSIONAL PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

C/O ROBERT W. SOPOCY
7135 N. U.S. HWY. 1
PORT ST. JOHN, FL 32927

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT W. SOPOCY
7135 N. U.S. HWY. 1
PORT ST. JOHN, FL 32927

New Mailing Address:

FEI Number: 59-3223097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPOCY, ROBERT W
7135 NORTH U.S. HWY. 1
PORT ST. JOHN, FL 32927 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: SOPOCY, ROBERT W
Address: 7135 N. U.S. HWY. 1
City-St-Zip: PORT ST. JOHN, FL 32927

Title: STD
Name: CAREY, JOHN G M.D.
Address: 7137 N. U.S. HWY. 1
City-St-Zip: PORT ST. JOHN, FL 32927

Title: VD
Name: RAVINDRAN, AMBIKA
Address: 7139 N. U.S. HIGHWAY 1
City-St-Zip: PORT ST. JOHN, FL 32927

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: ROBERT W SOPOCY PD 01/06/2010

Electronic Signature of Signing Officer or Director — Date