

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90444 007 \*\*\*\*61.25

<b>DOCUMENT # N96000005949</b>					
<b>1. Entity Name</b> SOUTHWEST PROFESSIONAL HEALTH PARK OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O COLONIAL SQUARE REALTY 1164 GOODLETTE RD NAPLES, FL 34102			<b>Mailing Address</b> C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132006    Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 65-0818201				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OLSON, CHIP COLONIAL SQUARE REALTY INC 1164 GOODLETTE ROAD NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MCLAUGHLIN, HUGH	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 870 11TH AVE. N, #1	CITY-ST-ZIP NAPLES, FL 34108		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VPD	<b>NAME</b> RAMASKEWICH, BILL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1710 SW HEALTH PKWY	CITY-ST-ZIP NAPLES, FL 34109		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> STD	<b>NAME</b> MCGANN, BARBARA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1713 SW HEALTH PKWY, #1	CITY-ST-ZIP NAPLES, FL 34109		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>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 817, 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.</b>					
<b>SIGNATURE:</b> <i>Bill Ramaskevich</i>			Date: <i>4/20/06</i> Daytime Phone #		