2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

DOCUMENT# N99000006555

Entity Name: POINTE WEST MEDICAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4007 BAYSIDE DRIVE
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

4007 BAYSIDE DRIVE
BRADENTON, FL 34210

New Mailing Address:

FEI Number: 65-0995245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, HARRIS
4007 BAYSIDE DRIVE
BRADENTON, FL 34210 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: DP
Name: FERNANDEZ, ENRIQUE J
Address: 2902 59TH STREET WEST SUITE A
City-St-Zip: BRADENTON, FL 34209

Title: DS
Name: NGUYEN, TRI
Address: 6215 21ST AVENUE WEST SUITE B
City-St-Zip: BRADENTON, FL 34209

Title: DT
Name: SILVERMAN, HARRIS
Address: 4007 BAYSIDE DRIVE
City-St-Zip: BRADENTON, FL 34210

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: HARRIS SILVERMAN DT 03/29/2010
Electronic Signature of Signing Officer or Director Date