

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088359

FILED
Apr 16, 2004
Secretary of State

Entity Name: ROSE GARDEN MEDICAL PLAZA, INC.

Current Principal Place of Business:

50 NORTH LAURA ST., STE. 2500
JACKSONVILLE, FL 32216

New Principal Place of Business:

3900 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

50 NORTH LAURA ST., STE. 2500
JACKSONVILLE, FL 32216

New Mailing Address:

9929 ORCHARD HILLS ROAD
JACKSONVILLE, FL 32256

FEI Number: 20-0148357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA ST., STE. 2500
JACKSONVILLE, FL 32216

Name and Address of New Registered Agent:

ASHCHI, TOWFIGH
PO BOX 24625
JACKSONVILLE, FL 32241

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: TOWFIGH ASHCHI

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIM, SUNWOOK
Address: 50 NORTH LAURA ST., STE. 2500
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ESFAHANI, NEGAR
Address: 50 NORTH LAURA ST., STE. 2500
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: JAHJAH, MONA
Address: 50 NORTH LAURA ST., STE. 500
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIM, SUNWOOK
Address: PO BOX 24625
City-St-Zip: JACKSONVILLE, FL 32241

Title: D (X) Change () Addition
Name: ESFAHANI, NEGAR
Address: PO BOX 24625
City-St-Zip: JACKSONVILLE, FL 32241

Title: D (X) Change () Addition
Name: JAHJAH, MONA
Address: PO BOX 24625
City-St-Zip: JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNWOOK KIM

D

04/16/2004

Electronic Signature of Signing Officer or Director

Date