

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088359

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ROSE GARDEN MEDICAL PLAZA, INC.

**Current Principal Place of Business:**

3900 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3900 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 20-0148357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAJDI, ASHCHI  
7803 HOLLYRIDGE ROAD  
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVTD ( ) Delete  
Name: ASHCHI, MAJDI  
Address: 7803 HOLLYRIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/D ( ) Delete  
Name: KIM-ASHCHI, SUNWOOK  
Address: 7803 HOLLYRIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAJDI ASHCHI, DO

PVTD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date