

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114980

FILED
Apr 24, 2009
Secretary of State

Entity Name: MONTECITO MEDICAL REALTY ACQUISITION CORPORATION

Current Principal Place of Business:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

5215 N. O'CONNOR BLVD, STE 1785
IRVING, TX 75039

Current Mailing Address:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256

New Mailing Address:

5215 N. O'CONNOR BLVD, STE 1785
IRVING, TX 75039

FEI Number: 20-3327976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WILLIAM S JR.
7785 BAYMEADOWS WAY, STE 200
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ROGERS, WILLIAM S JR.
1538 THE GREENS WAY
SUITE 105
JACKSONVILLE BEACH, FL 32250 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONK, EDWARD W
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

Title: D () Delete
Name: CONK, JOELLYN
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

Title: D () Delete
Name: CONK, CHRISTOPHER
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONK, EDWARD W
Address: 5215 N. O'CONNOR BLVD, STE 1785
City-St-Zip: IRVING, TX 75039

Title: D (X) Change () Addition
Name: CONK, JOELLYN
Address: 5215 N. O'CONNOR BLVD, STE 1785
City-St-Zip: IRVING, TX 75039

Title: D (X) Change () Addition
Name: CONK, CHRISTOPHER
Address: 5215 N. O'CONNOR BLVD, STE 1785
City-St-Zip: IRVING, TX 75039

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: EDWARD W. CONK

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date