2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107931

Jul 23, 2007 Secretary of State

Entity Name: DOCTORS' MEDICAL PLAZA MANAGEMENT COMPANY OF PINELLAS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

6450 38TH AVE. N., SUITE 310 6450 38TH AVE. N., SUITE 200 ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

6450 38TH AVE. N., SUITE 310 6450 38TH AVE. N., SUITE 200 ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710

FEI Number: 59-3531891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOSS, STEPHEN L CARLSON, JEFFREY K 6540 38TH AVENUE NORTH 6540 38TH AVENUE NORTH SUITE 310 SUITE 200 ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710 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: JEFFREY K. CARLSON 07/23/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MOSS, STEPHEN L CARLSON, JEFFREY K Name: Name: 6540 38TH AVE. N., SUITE 310 6540 38TH AVE. N., SUITE 200 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710

Title: Title: () Delete DR. (X) Change () Addition Name: AMODEO, DONALD J Name: AMODEO, DONALD J

6540 38TH AVE. N. 6540 38TH AVE. N. SUITE 200 Address: Address:

ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition DR TEYTELBAUM, LEO TEYTELBAUM, LEO Name: Name:

6540 38TH AVENUE N SUITE 200 6540 38TH AVENUE N Address: Address:

City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33710

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: JEFFREY K. CARLSON DR. 07/23/2007