2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107931

FILED Jun 16, 2009 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 200 ST. PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

6450 38TH AVE. N., SUITE 200 311 PARK PLACE BLVD., ST. PETERSBURG, FL 33710 600 CLEARWATER, FL 33759

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

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

CARLSON, JEFFREY K
6540 38TH AVENUE NORTH
SUITE 200

KIMBERLY, LAMB MS
311 PARK PLACE BLVD.
SUTIE 600

ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33759 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: KIMBERLY LAMB 06/16/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DR. () Delete Title: DR. (X) Change () Addition

 Name:
 AMODEO, DONALD J
 Name:
 ICELY, SUSAN J

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

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

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

Address: 6540 38TH AVENUE N SUITE 200 Address: 6540 38TH AVENUE N SUITE 350 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 CARLSON MGR. 06/16/2009