2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107931

FILED Feb 15, 2010 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:

311 PARK PLACE BLVD.,
600 SUITE 600
CLEARWATER, FL 33759 CLEARWATER, FL 33759

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:

KIMBERLY, LAMB MS
311 PARK PLACE BLVD.
SUTIE 600
ST. PETERSBURG, FL 33759 US

LAMB, KIMBERLY MS.
311 PARK PLACE BLVD.,
SUITE 600
SUITE 600
CLEARWATER, 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 02/15/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR

 Name:
 CARLSON, JEFFREY K DR.

 Address:
 6450 38TH AVE. N., SUITE 200

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

Title: DR.

Name: ICELY, SUSAN J

Address: 6450 38TH AVE. N., SUITE 200 City-St-Zip: ST. PETERSBURG, FL 33710

Title: DR.

Name: TEYTELBAUM, LEO

Address: 6450 38TH AVENUE NORTH, SUITE 350

City-St-Zip: ST PETERSBURG, FL 33710

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY LAMB MS. 02/15/2010