

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107931

FILED
Apr 14, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3531891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMB, KIMBERLY MS.
311 PARK PLACE BLVD.,
SUITE 600
CLEARWATER, FL 33759 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

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

RA

04/14/2011

Electronic Signature of Signing Officer or Director

Date