

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000078354

1. Entity Name
MPI/PINE CREST SQUARE, INC.



Principal Place of Business
200 CONGRESS PARK DRIVE
SUITE 205
DELRAY BEACH, FL 33445

Mailing Address
200 CONGRESS PARK DRIVE
SUITE 205
DELRAY BEACH, FL 33445



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0862972

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M
200 CONGRESS PARK DRIVE
SUITE 104
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANDOR, ROBERT
STREET ADDRESS 200 CONGRESS PARK DR., SUITE 205
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE VP
NAME OTTO, JOSEPH
STREET ADDRESS 200 CONGRESS PARK DR., SUITE 205
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE S
NAME OTTO, JOSEPH
STREET ADDRESS 200 CONGRESS PARK DR., SUITE 205
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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04/16/07-80018-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2007

Date

Daytime Phone #