

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90091 030 ***150.00

651982

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000109174

1. Entity Name

MEDICAL OFFICE PORTFOLIO PROPERTIES, INC.

Principal Place of Business

Mailing Address

**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401****222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0968153

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.
222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above **Regserv Corp.**

is its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RENDINA, BRUCE A**
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**TITLE **D** ☐ Change ☒ Addition
NAME **Mark A. Ferrucci**
STREET ADDRESS **CT Corporation System**
CITY-ST-ZIP **1209 Orange Street
Wilmington, DE 19801**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VP/S/T**
STREET ADDRESS **Patrick J. DiSalvo**
CITY-ST-ZIP **222 Lake view Avenue, 17th Floor
West Palm Beach, FL 33401**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

Patrick J. DiSalvo
Vice President

Date

Daytime Phone #

4/27/00 (561) 655-9008

CR2E034 (9/99)