2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2014
Secretary of State
CC3855711286

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Entity Name: BAYMEADOWS EAST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9191 R.G. SKINNER PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 20-5832542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CMC OF JACKSONVILLE, INC.
7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 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: NICHOLAS LAMBIASE, JR. 03/27/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY
Name	HAGHIGHI, MICHAEL MD	Name	HASHEY, TERRY MD
Address	7400 BAYMEADOWS WAY, SUITE 317	Address	7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	DIRECTOR	Title	TRES
Name	PATTERSON, GUY	Name	DUGGAR, PAM
Address	7400 BAYMEADOWS WAY, SUITE 317	Address	7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	PRESIDENT		
Name	HILL, MALORIE S		
Address	7400 BAYMEADOWS WAY, SUITE 317		
City-State-Zip:	JACKSONVILLE FL 32256		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MALORIE S. HILL PRESIDENT 03/27/2014

Electronic Signature of Signing Officer/Director Detail — Date