

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011120

**Entity Name:** BEVILLE PROFESSIONAL AND MEDICAL PROPERTY MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**9136493626CC**

**Current Principal Place of Business:**

6809 NW 81ST BLVD  
GAINESVILLE, FL 32653

**Current Mailing Address:**

6809 NW 81ST BLVD  
GAINESVILLE, FL 32653 US

**FEI Number: 82-5278390**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSON, ROBERT S  
6809 NW 81ST BLVD  
GAINESVILLE, FL 32653 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOHNSON, ROBERT S  
Address 6809 NW 81ST BLVD  
City-State-Zip: GAINESVILLE FL 32653

Title VPD  
Name CHAMBERLAIN, FRED C  
Address 4356 TRAILS DR  
City-State-Zip: SARASOTA FL 34232

Title DST  
Name JOHNSON, ERICA  
Address 6809 NW 81ST BLVD  
City-State-Zip: GAINESVILLE FL 32653

*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: ROBERT JOHNSON

PD

03/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date