

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 07, 2009
Secretary of State**

DOCUMENT# N94000001603

Entity Name: ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

661 UNIVERSITY BLVD.
SUITE 200
JUPITER, FL 33458

New Principal Place of Business:

661 UNIVERSITY BLVD.
SUITE 100
JUPITER, FL 33458

Current Mailing Address:

661 UNIVERSITY BLVD.
SUITE 200
JUPITER, FL 33458

New Mailing Address:

661 UNIVERSITY BLVD.
SUITE 100
JUPITER, FL 33458

FEI Number: 65-0769175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REGSERV CORP.
661 UNIVERSITY BOULEVARD
SUITE 200
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

HEALTHCARE PROPERTY MGRS. OF AMERICA, LLC
661 UNIVERSITY BOULEVARD
SUITE 100
JUPITER, FL 33458 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: BRIAN DUNLAY

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOTO, MICHAEL A
Address: 3801 PGA BLVD SUITE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: BARRY, STEPHEN K
Address: 3801 PGA BLVD SUITE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/T (X) Delete
Name: DUNLAY, BRIAN
Address: 3801 PGA BLVD SUITE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOTO, MICHAEL A
Address: 661 UNIVERSITY BLVD. - SUITE 100
City-St-Zip: JUPITER, FL 33458

Title: S/T (X) Change () Addition
Name: DUNLAY, BRIAN
Address: 661 UNIVERSITY BLVD. - SUITE 100
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN DUNLAY

S/T

01/07/2009

Electronic Signature of Signing Officer or Director

Date