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WEB FORM
COPY

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 05/07/2008

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

-1089555-3

RECEIVED

MAY 10 2012

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. LA CHOLLA MEDICAL PARK OFFICE ASSOCIATION, INC.
% DOUGLAS MARSH/OXFORD REALTY
6340 N CAMPBELL AVE #200
TUCSON, AZ 85718

Business Phone: 520-232-0200

(Business phone is optional.)

State of Domicile: ARIZONAType of Corporation: NON-PROFIT

2.

Statutory Agent: DAVID A MCEVOY
Mailing Address: % MCEVOY, DANIELS, DARCY PC
4560 E CAMP LOWELL
City, State, Zip: TUCSON, AZ 85712

Statutory Agent's Street or Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY	
Fee	\$10.00
Penalty	\$
Reinstates	
Expedite	\$
Resubmit	\$

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are **REQUIRED**
to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry |
| <input type="checkbox"/> 16. Homeowner's Association |
| <input type="checkbox"/> 17. Professional, commercial |
| <input type="checkbox"/> 18. Industrial or trade association |
| <input checked="" type="checkbox"/> 18. Other MANAGEMENT OF COMMERCIAL REAL ESTATE ASSOCIATION |

CRUCILLA MEDICAL PARK OFFICE ASSOCIATION, INC.

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5. CAPITALIZATION:(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

N/A - No SHARESN/AN/A No SHARES

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

6. SHAREHOLDERS:(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____

Name: _____

NONE ☒

Name: _____

Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: DOUGLAS E MARSHName: WALTER HOGETitle: PRESIDENTTitle: SECRETARYAddress: % OXFORD REALTY ADVISORSAddress: 326 S WILMOT RD #A-1006340 N CAMPBELL AVE #200TUCSON, AZ 85718TUCSON, AZ 85711Date taking office: 8/6/2003Date taking office: 8/6/2003Name: WALTER HOGEName: JAMES PALMERTitle: TREASURERTitle: VICE-PRESIDENTAddress: 326 S WILMOT RD #A-100Address: % RADIOLOGY LTDTUCSON, AZ 857113170 E FT LOWELL RDTUCSON, AZ 85716Date taking office: 8/6/2003Date taking office: 8/6/2003**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: JAMES PALMERName: DOUGLAS E MARSHAddress: % RADIOLOGY LTDAddress: % OXFORD REALTY ADVISORS3170 E FT LOWELL RD6340 N CAMPBELL AVE #200TUCSON, AZ 85716TUCSON, AZ 85718Date taking office: 8/6/2003Date taking office: 8/6/2003

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

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05/08/12

Cash Basis

La Cholla Medical Park Office Association

Balance Sheet

As of December 31, 2007

Dec 31, 07

ASSETS

Current Assets

Checking/Savings

TRUST ACCOUNTS

Compass MM

General Reserves 8,610.18

Parking Lot Reserves 18,000.00

Total Compass MM 26,610.18

La Cholla Checking

Compass Checking -1,968.37

Total La Cholla Checking -1,968.37

Total TRUST ACCOUNTS 24,641.81

Total Checking/Savings 24,641.81

Other Current Assets

Reserves

Declarant 8,500.00

Total Reserves 8,500.00

Utility Deposits

Tucson Electric 1,400.00

Total Utility Deposits 1,400.00

Total Other Current Assets 9,900.00

Total Current Assets 34,541.81

TOTAL ASSETS 34,541.81

LIABILITIES & EQUITY

Equity

Opening Bal Equity 8,500.00

Retained Earnings 30,730.42

Net Income -4,688.61

Total Equity 34,541.81

TOTAL LIABILITIES & EQUITY 34,541.81

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05/08/12

Cash Basis

La Cholla Medical Park Office Association

Profit & Loss

January through December 2007

Jan - Dec 07

Ordinary Income/Expense

Income

Association Operating Fees	
Barnett Hart Building, LLC	3,436.64
Cohen MOB, LLC	3,078.00
Desert Dendrite, LLC	7,992.87
Frankstone, LLC	2,228.92
GACD, LLC	3,864.60
J & J Medical	2,076.96
La Cholla Dermatology, LLC	6,175.12
Roth Family Trust	1,680.84
SIMKAP Building, LLC	1,664.80
Tucson Imaging Associates	21,797.16
Association Operating Fees - Other	-8,000.00
Total Association Operating Fees	45,995.91

Association Reserve Fees

Barnett Hart Building, LLC	192.60
Cohen MOB, LLC	172.52
Desert Dendrite, LLC	447.97
Frankstone, LLC	99.28
GACD, LLC	216.64
J & J Medical	116.40
La Cholla Dermatology, LLC	346.20
Roth Family Trust	94.12
SIMKAP Building, LLC	93.32
Tucson Imaging Associates	1,221.76
Association Reserve Fees - Other	8,000.00
Total Association Reserve Fees	11,000.81

Total Income 56,996.72

Expense

Income Taxes

Federal	577.00
State	295.00
Total Income Taxes	872.00

Operating Expenses

Bank Service Charges	54.79
Insurance	
Commercial Umbrella	714.98
D & O Insurance	1,542.00
General Liability	603.00
Total Insurance	2,859.98

Management Fees 9,600.00

Office Supplies 132.45

Printing and Reproduction 172.00

Professional Fees

Accounting	1,000.00
Consulting	125.00
Legal Fees	55.00
Tax Preparation	500.00
Total Professional Fees	1,680.00

Utilities

Electric	6,270.79
Water and Sewer	2,935.23
Total Utilities	9,206.02

Total Operating Expenses 23,705.24

R&M Reserve Expenditures

Parking Lot Sealing	15,090.82
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05/08/12

Cash Basis

La Cholla Medical Park Office Association

Profit & Loss

January through December 2007

	Jan - Dec 07
Total R&M Reserve Expenditures	15,090.82
Repairs and Maintenance	
Covered Parking R&M	317.05
Day Porter	4,400.00
Exterior Lighting R&M	1,467.67
Landscape R&M	6,055.00
Pest Control	1,000.00
Plumbing R&M	598.56
Street Sweeping	1,815.00
Trash Collection	7,463.44
Total Repairs and Maintenance	23,116.72
Total Expense	62,784.78
Net Ordinary Income	-5,788.06
Other Income/Expense	
Other Income	
MM Interest	610.18
Total Other Income	610.18
Reimbursements	489.27
Total Other Income	1,099.45
Net Other Income	1,099.45
Net Income	<u>-4,688.61</u>

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 Corporate Name: LA CHOLLA MEDICAL PARK OFFICE ASSOCIATION, INC. File number -1089555-3 Page 3

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits - if your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:

9A. MEMBERS (A.R.S. §10-11622(A)(6))

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

- A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
 3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES ☐ NO ☒

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- | | |
|---|---|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

- B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ NO ☒

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

- A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES ☐ NO ☒**

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name [Signature] Date 12/31/08 Name [Signature] Date 12/31/08
 Signature [Signature] Signature [Signature]
 Title [Signature] Title [Signature]

(Signator(s) must be duly authorized corporate officer(s) listed in Section 7 of this report.)