

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 23, 2009  
Secretary of State**

DOCUMENT# 723330

Entity Name: MEDCOM CONDOMINIUM, INC

**Current Principal Place of Business:**

1445 DUNN AVENUE  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

1445 DUNN AVENUE  
DAYTONA BCH, FL 32114

**New Mailing Address:**

FEI Number: 59-1398883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

DEGRACIA, ROMEO  
1445 DUNN AVE  
DAYTONA BEACH, FL 32114      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DEGRACIA, ROMEO  
Address: 1445 DUNN AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD      ( ) Delete  
Name: TWEED, TERESA  
Address: 1435 DUNN AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ROMEO DEGRACIA, M.D.

PD

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date