

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744517

FILED
Apr 27, 2012
Secretary of State

Entity Name: BUTLER MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 BUTLER STREET
307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

200 BUTLER STREET
307
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-1873217 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLUMBERG, JOEL B
200 BUTLER STREET,
307
WEST PALM BEACH, FL 33407 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: PRES
Name: BLUMBERG, JOEL B
Address: 200 BUTLER STREET, SUITE 307
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SECT
Name: BLAKE, ROY C III
Address: 200 BUTLER STREET, SUITE 203
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TREA
Name: CORDES, IAN
Address: 200 BUTLER STREET, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33407

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: JOEL BLUMBERG

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04/27/2012

Electronic Signature of Signing Officer or Director

Date