

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 09, 2008  
Secretary of State**

DOCUMENT# N07000008096

Entity Name: WESTSIDE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8201 WEST BROWARD BOULEVARD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8201 WEST BROWARD BOULEVARD  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 90-0398975      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:**

WHEELER, JAMES J  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434      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: DP      ( ) Delete  
Name: CIHAK, SCOTT  
Address: 8201 WEST BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33324

Title: DVS      ( ) Delete  
Name: LINDENBOOM, KRISTIN  
Address: 8201 WEST BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33324

Title: DT      ( ) Delete  
Name: BERT, ALISA  
Address: 8201 WEST BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33324

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

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

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: SCOTT CIHAK

DP

07/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date