

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008096

FILED  
Apr 16, 2009  
Secretary of State

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:**

350 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**Current Mailing Address:**

8201 WEST BROWARD BOULEVARD  
PLANTATION, FL 33324

**New Mailing Address:**

8201 WEST BROWARD BOULEVARD  
ADMINISTRATION ATTN COO  
PLANTATION, FL 33324

FEI Number: 90-0398975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: DVS (X) Change ( ) Addition  
Name: MILLER, BRYAN  
Address: 8201 WEST BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33324

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

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date