

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2010
Secretary of State**

DOCUMENT# N07000008096

Entity Name: WESTSIDE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

350 NORTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 WEST BROWARD BOULEVARD
ADMINISTRATION ATTN COO
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 90-0398975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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
Name: CIHAK, SCOTT
Address: 8201 WEST BROWARD BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: DV
Name: BOWERS, DIANE
Address: 350 NORTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

Title: DT
Name: MILLER, BRYAN
Address: 8201 WEST BROWARD BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: DS
Name: SCHERTZER, ERIC
Address: 350 NORTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

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: SCOTT CIHAK

D

02/03/2010

Electronic Signature of Signing Officer or Director

Date