

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008096

FILED
Apr 10, 2012
Secretary of State

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:

CORCORAN, KEVIN
8201 WEST BROWARD BOULEVARD
PLANTATION, FL 33324 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: CORCORAN, KEVIN
Address: 8201 WEST BROWARD BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: DV
Name: ST ANGELO, MICHAEL
Address: 350 NORTH PINE ISLAND ROAD
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: MIGUEL E PONS

MGR

04/10/2012

Electronic Signature of Signing Officer or Director

Date