

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90047 045 \*\*\*\*70.00

**DOCUMENT # N32007**

1. Entity Name

**DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% THE TRIAX GROUP  
 4201 NORTH DIXIE HIGHWAY  
 BOCA RATON FL 33431

C/O THE TRIAX GROUP  
 P O BOX 6286  
 BOCA RATON FL 33427  
 US

2. Principal Place of Business

3. Mailing Address

**C/O THE TRIAX GROUP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 6286**

City & State

City & State

**BOCA RATON, FL**

Zip **33427**

Country **B**

Zip

Country

4. FEI Number

**65-0277901**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORTH, GLORIA O  
 301 YAMATO ROAD  
 SUITE 4120, NORTHERN TRUST PLAZA  
 BOCA RATON FL 33431**

Name  
**GLORIA O. NORTH**

Street Address (P.O. Box Number is Not Acceptable)  
**2300 GLADES ROAD #203-E**

City  
**BOCA RATON**

FL

Zip Code  
**33431**

8. 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

*Gloria O. North*

**2/23/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, MICHAEL 1000 N.W. 9TH COURT, #204 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SILFEN, FREDERICK 1000 N.W. 9TH COURT, #103 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPULOS, THOMAS 1000 N.W. 9TH COURT BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUDORAN, STELA 1000 NW 9TH COURT BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELLMAN, ROBERT 1000 NW 9TH COURT BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/N/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S/I/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

**3/1/00**

**561-999-8889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)