


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02493 (7)**  
 1. Corporation Name  
**LAKE WEST MEDICAL CENTRE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business C/O TOUCHSTONE WEBB MGM. 5710 S. DIXIE HWY., STE A WEST PALM BEACH FL 33405	Mailing Address C/O TOUCHSTONE WEBB MGM. 5710 S. DIXIE HWY., STE A WEST PALM BEACH FL 33405
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3. Date Incorporated or Qualified <b>04/11/1984</b>
4. FEI Number <b>59-2412819</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  SALATA, KATHLEEN W C/O TOUCHSTONE WEBB MGM. 5710 S. DIXIE HWY., STE A WEST PALM BEACH FL 33405
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathleen Salata* DATE **2-18-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STD
NAME	MITCHELL, KENNETH
STREET ADDRESS	6894 LAKE WORTH RD, SUITE 103
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD
NAME	LUBELL, RICHARD
STREET ADDRESS	6894 LAKE WORTH RD, SUITE 202
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VPD
NAME	SMITH, ARTHUR
STREET ADDRESS	6894 LAKE WORTH RD, SUITE 201
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.D. RICHARD MONESCALLI
2.3 STREET ADDRESS	6894 LAKE WORTH RD #203
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]* RES 2-18-98 561-9687877

CR2E037 (10/97)