

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744517

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC6547786907**

**Entity Name:** BUTLER MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 BUTLER STREET  
203  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

200 BUTLER STREET  
203  
WEST PALM BEACH, FL 33407 US

**FEI Number: 59-1873217**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLUMBERG, JOEL B ESQ.  
200 BUTLER STREET,  
307  
WEST PALM BEACH, FL 33407 US

*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: JOEL BLUMBERG**

**01/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLAKE, ROY CIII DR.  
Address        200 BUTLER STREET, SUITE 203  
City-State-Zip: WEST PALM BEACH FL 33407

Title            SECRETARY  
Name            RIELLY, THOMAS ESQ.  
Address        200 BUTLER ST.  
                  207  
City-State-Zip: WEST PALM BEACH FL 33407

Title            VP  
Name            CLEARY, JOHN ESQ.  
Address        200 BUTLER STREET  
                  SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33407

*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: DR. ROY C BLAKE III**

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date