

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744517

**FILED  
Apr 22, 2015  
Secretary of State  
CC2422391445**

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

**Current Principal Place of Business:**

200 BUTLER STREET  
307  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

200 BUTLER STREET  
307  
WEST PALM BEACH, FL 33407

**FEI Number: 59-1873217**

**Certificate of Status Desired: No**

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

BLUMBERG, JOEL B  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            BLUMBERG, JOEL B  
Address        200 BUTLER STREET, SUITE 307  
City-State-Zip: WEST PALM BEACH FL 33407

Title            SECT  
Name            BLAKE, ROY CIII  
Address        200 BUTLER STREET, SUITE 203  
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: JOEL BLUMBERG**

**DIR**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date