


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 737947 1. Entity Name DOCTORS MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2889 10TH AVE N #305 LAKE WORTH, FL 33461 US	Mailing Address 2889 10TH AVE N #305 LAKE WORTH, FL 33461 US
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01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1805449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COFFMAN, TOM 2889 10TH AVE. N #306 LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFMAN, TOM MD 2889 10TH AVE. N. LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COFFMAN, MADONNA 2889 10TH AVE N LAKE WORTH, FL 33461
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05/05/05-80127-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:  **4/28/05 561-227-3101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #