

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90057 020 \*\*\*\*61.25

**DOCUMENT # 737947**

1. Entity Name  
**DOCTORS MEDICAL COMPLEX CONDOMINIUM  
ASSOCIATION, INC.**



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**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-1805449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2007**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Madonna H. Coffman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-07  
Date

561-227-3104  
Daytime Phone #