

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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**



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/23/08-80008-005 61.25

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 K Coffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

561-227-3101

Daytime Phone #