2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 737947

Entity Name: DOCTORS MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2889 10TH AVE N
#305
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2889 10TH AVE N
#305
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 59-1805449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFMAN, TOM
2889 10TH AVE. N
#306
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COFFMAN, TOM MD
Address: 2889 10TH AVE. N.
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD ( ) Delete
Name: COFFMAN, MADONNA
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOREN RESTREPO ACCT 04/30/2009

Electronic Signature of Signing Officer or Director — Date