

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748552

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SEACREST DENTAL-MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2620 S. SEACREST BLVD  
SUITE D  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2620 S. SEACREST BLVD  
SUITE D  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 59-2031592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCURRY, INGALLS LLC  
21301 POWERLINE RD STE 201  
BOCA RATON, FL 33933 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  
Name: MOUM, ERIC E  
Address: 2620 S. SEACREST BLVD., STE A  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD  
Name: MINCH, MARC A  
Address: 2620 S. SEACREST BLVD STE C  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: STD  
Name: NIELSON, TIMOTHY A  
Address: 2620 S. SEACREST BLVD STE A  
City-St-Zip: BOYNTON BEACH, FL 33435

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: ERIC EE MOUM

PD

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date