

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750246

FILED
Apr 06, 2008
Secretary of State

Entity Name: INTRACOASTAL MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

INTRACOSTAL MEDICAL BUILDING
625 S.E. 2ND AVE., SUITE A
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

INTRACOSTAL MEDICAL BUILDIN
625 S.E. 2ND AVE., SUITE A
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATTHEWS, GEORGE W III
1325 S CONGRESS AVE
BOYNTON BEACH, FL 33426 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: D () Delete
Name: GARCIA, SARA N MD
Address: 625 SE 2ND AVE, STE A
City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: VP () Delete
Name: RUGGERI, MARIA
Address: 625 S E 2ND AVE SUITE B
City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: D () Delete
Name: SPENCER, HOWARD R,
Address: 625 S E 2ND AVE SUITE D
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: CHIODO, CHRISTOPHER, N
Address: 625 S E 2ND AVE SUITE C
City-St-Zip: BOYNTON BEACH, FL 33435 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SARA N.GARCIA,MD

D

04/06/2008

Electronic Signature of Signing Officer or Director

Date