2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 760850

Entity Name: FLAGLER SQUARE MEDICAL CENTER OFFICE CONDOMINIUMASSOCIATION, INC.

Current Principal Place of Business:

1840 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

10 LA COSTA CIRCLE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-2253298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, BONNIE B.
10 LA COSTA CIRCLE
WEST PALM BEACH, FL 33401 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: TD ( ) Delete
Name: KOHN, DR. PHILIP
Address: 1840 FOREST HILL BLVD., #202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete
Name: BOWLES, DR. PAUL
Address: 1840 FOREST HILL BLVD., #102
City-St-Zip: WEST PALM BEACH, FL 33403

Title: PD ( ) Delete
Name: KLIONSKY, LOUIS
Address: 1840 FOREST HILL BLVD., #105
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete
Name: BOUDET, CARLOS DR.
Address: 1840 FOREST HILL BLVD., #105
City-St-Zip: WEST PALM BEACH, FL 33406

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 for the exemption stated in Section 119.07(3)(i), 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: DR. PHILIP KOHN TD 04/27/2004

Electronic Signature of Signing Officer or Director — Date