

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760850

FILED  
Apr 28, 2005  
Secretary of State

**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: TD (X) Change ( ) Addition  
Name: KOHN, PHILIP DR.  
Address: 1840 FOREST HILL BLVD., #202  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD (X) Change ( ) Addition  
Name: PUENTES, JACINTO  
Address: 1840 FOREST HILL BLVD., #203  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD (X) Change ( ) Addition  
Name: NUNEZ, DR. RAFAEL DR.  
Address: 1840 FOREST HILL BLVD., #100  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD (X) Change ( ) Addition  
Name: PLEASANTON, DAVID  
Address: 1840 FOREST HILL BLVD., #205  
City-St-Zip: WEST PALM BEACH, FL 33406

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: PHILIP S. KOHN

TD

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date