

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760850

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

1840 FOREST HILL BLVD
SUITE 202
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1840 FOREST HILL BLVD
SUITE 202
WEST PALM BEACH, FL 33406 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:

GORNSTEIN, RUSSELL DR
1840 FOREST HILL BLVD
SUITE 202
WEST PALM BEACH, FL 33406 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: GORNSTEIN, RUSSELL DR.
Address: 1840 FOREST HILL BLVD., #202
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: BOUDET, CARLOS DR
Address: 1840 FOREST HILL BLVD., #200
City-St-Zip: WEST PALM BEACH, FL 33406

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

Title: SD () Delete
Name: PLEASANTON, DAVID
Address: 1840 FOREST HILL BLVD., #205
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 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: RUSSELL GORNSTEIN, DDS

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date