## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2004 8:00 am Secretary of State

DOCUMENT # 763479  1. Entity Name COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.							1	02-23-200	)4 90041	030 ***	**61.25	5
Principal Place P.O. BOX 883 BUNNELL, FL		P.O.	Mailing Address P.O. BOX 883 BUNNELL, FL 32110							<b>J4</b> (	וטטו	1.7
	ace of Business		3. Mailing Address 1200 East Moody Boulevard			<u></u>						
Suite Apt. # Suite 1	Moody Bouleva Helc.	Su	Suite Apt. #, etc. Suite 1				02172004 Chg-NP CR2E037 (10/03)					
City & State Bunnell,	FL	Bunr	City & State Bunnell, FL			59-2984966 Not A				Applied Fo		
32110	Country USA 6. Name and Address of	Zij 321]	LO	US			Certificate of Sta		☐ Registered	\$8.75 A Fee Requi		
	o. Name and Address t	or Darrett Hogister	SU Agent		Name			633 01 11611 1	registereu	Agein		
LACY, BEN W. 1 FLORIDA PARK DR; SUITE 224A PALM COAST, FL 32137					Bong, Tammy Street Address (P.O. Box Number is Not Acceptable)  1200 Fast Moody Boulevard, Suite 1							
	Pt.					Burnel	<u> </u>					
						City Bunnell			FL 32110			
	named entity submits this st	talement for the purp	oose of changing its	register				he State of Fl	orida. I am	familiar wit	h, and ac	cept
the doligati	ons of registered agent.	.16	2					,	1 ,-	21		
SIGNATURE _	Jamo	XU JO	07/4					~	7-17-	04		_
	Signature, typed or printed name of re	gistered agent and title if ap	plicable. (NO	TE, Registere	d Agent signature	e required +ner	reinstating) -		DATE			_
	···		1									
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Ca 7. Trüst Fund		inancing ion C	\$5 Add	.00 May Be ded to Fees		Make chec rida Depa			, [
	Due by May 1, 2004		7 Trüst Fund	Contribut	ion.	ADD C	.00 May Be ded to Fees	Flo	rida Depa	rtment of	State IN 10	•
10.	Due by May 1, 2004 OFFICER		Trüst Fund	Contribut	ion.	ADD PD	ded to Fees	FIO S TO OFFICE	rida Depa	rtment of	State IN 10	ddition
10. TITLE STATE	Due by May 1, 2004 OFFICER PD SHAMS, SAFWAN	RS AND DIRECTOR	Trust Fund	Contribut	E	PD Juengs	oled to Fees ITIONS/CHANGE	Flo S TO OFFICE min	rida Depa ERS AND D	rtment of	State IN 10	ddition
10.	OFFICER PD	RS AND DIRECTOR:	Trust Fund	Contribut 11. TITL NAM STR	E  ME  EET ADDRESS	PD Juengs 209 Sc	ed to Fees  ITIONS/CHANGE  St, Benjal  Duth Lemo	STOOFFICE min n Stree	rida Depa ERS AND D	rtment of	State IN 10	ddition
10. TITLE MAME STREET ADDRESS	OFFICER PD SHAMS, SAFWAN 61 MEMORIAL MED. P	RS AND DIRECTOR:	XX Delete	Contribut 11. TITL NAM STR	E ME EET ADDRESS ('-ST-ZIP	ADD PD Juengs 209 Sc Bunne	oled to Fees ITIONS/CHANGE	STOOFFICE min n Stree	rida Depa ERS AND D	rtment of	State IN 10 e	ddition
TITLE MAME STREET ADDRESS CITY - ST-ZIP TITLE NAME	Due by May 1, 2004  OFFICER  PD  SHAMS, SAFWAN 61 MEMORIAL MED. P PALM COAST, FL 321  VD  CARTER, MORRIS R.	RS AND DIRECTORS PKWY, SUITE 1-96	Trust Fund	Contribut  11. TITL  NAM  STR  CITY  TITL  NAM	E EET ADDRESS (-ST-ZIP E.E.	PD Juengs 209 Sc	et of Fees  itions/CHANGE  it, Benjai  outh Lemoi	STOOFFICE min n Stree	rida Depa ERS AND D	IRECTORS Chang	State IN 10 e	
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