

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767013

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE TRIPLE COUNTY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

313 N. MANGOUSTINE AVENUE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1061 MEDICAL CENTER DRIVE
SUITE 204
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2261720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFFER, JOHN F
317 N MANGOUSTINE AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

SAKOWITZ, HOWARD J
313 N MANGOUSTINE AVE
SANFORD, FL 32771 US

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: HOWARD SAKOWITZ MD

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUJLA, NARINDER,
Address: 311 N.MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

Title: PSD () Delete
Name: MALAIAH, LEN,
Address: 315 N.MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

Title: D () Delete
Name: JAHAGIRDAR, UDITA
Address: 319 MANGOUSTINE AVE
City-St-Zip: SNAFORD, FL

Title: P () Delete
Name: SCHAEFER, JOHN F,
Address: 317 N. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

Title: D () Delete
Name: WING, KENNETH M.,
Address: 309 N. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

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: P (X) Change () Addition
Name: SAKOWITZ, HOWARD J,
Address: 313 N. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

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: HOWARD J SAKOWITZ MD

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date