

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767013

FILED
Feb 15, 2010
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:

2850 WELLNESS AVE
ORANGE CITY, FL 32763 US

FEI Number: 59-2261720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKOWITZ, HOWARD J
313 N MANGOUSTINE AVE
SANFORD, FL 32771 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: D
Name: AUJLA, NARINDER
Address: 311 N.MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

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

Title: D
Name: JAHAGIRDAR, UDITA
Address: 319 MANGOUSTINE AVE
City-St-Zip: SANFORD, FL

Title: P
Name: SAKOWITZ, HOWARD J
Address: 313 N. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL

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

I hereby 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 all other like empowered.

SIGNATURE: HOWARD J. SAKOWITZ, M.D.

P

02/15/2010

Electronic Signature of Signing Officer or Director

Date