2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767084

FILED Feb 24, 2010 Secretary of State

Entity Name: RIVER EDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

421 E. OSCEOLA ST. 421 E. OSCEOLA ST. STUART, FL 34994 SUITE A

STUART, FL 34994

Current Mailing Address: New Mailing Address:

421 E. OSCEOLA ST. STUART, FL 34994 421 E. OSCEOLA ST. SUITE A STUART, FL 34994

FEI Number: 63-0035568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 US
GIACHINO, FERNANDO M
17 MARTIN LUTHER KING JR. BLVD.
SUITE 200

STUART, FL 34994 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: FERNANDO M. GIACHINO 02/24/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: GIACHINO, JUAN C SR.
Address: 421 E OSCEOLA ST., SUITE A

City-St-Zip: STUART, FL 34994

Title: VPD

Name: GIACHINO, JUAN C JR.
Address: 51 SE RIVER LIGHTS COURT
City-St-Zip: STUART, FL 34996

Title: STD

Name: GIACHINO, SUSANA

Address: 421 E. OSCEOLA ST., SUITE A

City-St-Zip: STUART, FL 34994

Title: SD

Name: GIACHINO, FERNANDO M Address: 11 RIO VISTA DR. City-St-Zip: STUART, FL 34996

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: JUAN CARLOS GIACHINO, SR.

Electronic Signature of Signing Officer or Director

PD

02/24/2010