

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 768158

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4915 S CONGRESS AVE  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

7399 SHADELAND AVE  
PMB #166  
INDIANAPOLIS, IN US

**New Mailing Address:**

**FEI Number:** 59-2294671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRANTHAM, KIRK  
1860 FOREST HILL BLVD  
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: D ( ) Delete  
Name: GRANTHAM, KIRK,  
Address: 303 MARLBOROUGH RD.  
City-St-Zip: W. PALM BEACH, FL

Title: VD ( ) Delete  
Name: THOMPSON, IAN,  
Address: 4915 S CONGRESS AVE #D  
City-St-Zip: LAKE WORTH, FL

Title: PTS ( ) Delete  
Name: YOUNG, DAN  
Address: 4001 S DECATUR BLVD 37-314  
City-St-Zip: LAS VEGAS, NV 89163

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAN YOUNG

P

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date