

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770473

FILED
Jun 23, 2009
Secretary of State

Entity Name: PLANTATION MEDICAL GROUP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

333 NW 70TH AVE
#207
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

C/O GOUVERT
6842 BRIDLE WOOD CT.
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-2479583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOUVERT, DOLORES F
6842 BRIDLE WOOD CT.
BOCA RATON, FL 33433 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: PD () Delete
Name: WANG, STEVE DR
Address: 333 NW 70TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: GLUCK, ROBERT
Address: REG HOLDINGS LLC # 103, 333 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: ETTS, GRAIG DR
Address: # 106, 333 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

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 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: DOLORES F. GOUVERT

RA

06/23/2009

Electronic Signature of Signing Officer or Director

Date