2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N01000001187

Entity Name: THE MEDICAL SPECIALTY CENTER OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1355 37TH STREET
#305
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 668
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 01-0635085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, JAMES A III
5070 NORTH HWY A-1-A
STE. 200
VERO BEACH, FL 32963 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: WERNICKI, JOANNE W
Address: 1485 - 37TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete
Name: NORCONK, KATHLEEN
Address: 1485 - 37TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete
Name: SKAGGS, FRANCES
Address: 1485 - 37TH ST.
City-St-Zip: VERO BEACH, FL 32960

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 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: JOANNE W WERNICKI PD 04/12/2006

Electronic Signature of Signing Officer or Director — Date