

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001187

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**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  
Name: WERNICKI, JOANNE W  
Address: 1485 - 37TH ST.  
City-St-Zip: VERO BEACH, FL 32960

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

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

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: JOANNE W.WERNICKI

PD

04/12/2010

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

\_\_\_\_\_  
Date