

N01970

(Requestor's Name)

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(Address)

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(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hillsboro Medical Center Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO1970

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nabel Ramos

Name of Contact Person

Kas Deerfield LLC

Firm/Company

800 Douglas Road Suite 500

Address

Coral Gables, FL 33134

City/State and Zip Code

mrmos@sfmortgage lenders.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nabel Ramos

Name of Contact Person

at (305) 774-0454

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hillsboro Medical Center Condominium Association, Inc.
2. The principal office address: 2151 W Hillsboro Blvd  
Deerfield Beach, FL 33441
3. The mailing address (if different): 21301 Powerline Road  
Suite 102 Boca Raton, FL 33433
4. Date of incorporation/qualification: 03/15/1984 Document number: NO1970
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

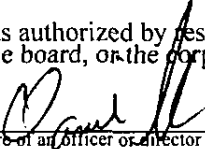
Richard Stoker (resigned)  
21301 Powerline Rd Ste 102  
Boca Raton, FL 33433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Daniel Stuzin  
800 Douglas Road Suite 500  
P.O. Box NOT acceptable  
Coral Gables, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Daniel Stuzin  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

10/12/12  
Date

If signing on behalf of an entity:

Daniel Stuzin  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
12 OCT 15 PM 3:00  
TALLAHASSEE, FL  
CLERK OF THE COURT