
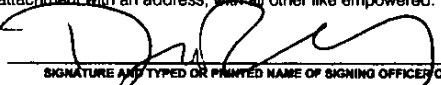


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000001304		
1. Entity Name ENTERPRISE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2836 ENTERPRISE RD., #3 DEBARY, FL 32713	Mailing Address 2836 ENTERPRISE RD., #3 DEBARY, FL 32713	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAMEY, DR. DUSTIN 2836 ENTERPRISE RD., #3 DEBARY, FL 32713		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMEY, DUSTIN 2836 ENTERPRISE RD. DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEACOCK, CHARLES 2836 ENTERPRISE RD. DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TIMKO, JEFFREY L 608 WESTCHESTER DR. DELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		01/17/08 386 668885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0676448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/18/08-80016-015 61.25