


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003398</b>		
1. Entity Name <b>GROVE PLACE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>		
Principal Place of Business <b>1285 30TH STREET VERO BEACH, FL 32960</b>	Mailing Address <b>800 8TH ST VERO BEACH, FL 32962</b>	



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number <b>04-3702605</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MILLS, WILLIAM B 800 8TH ST VERO BEACH, FL 32960</b>
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000911324  
05/07/08-80035-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIFFIN, DR. DAVID 1285 36TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEONARINE, DR. BRIAN 1285 36TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KALISN, DR. KEITH 1285 36TH STREET VERO BEACH, FL 32960
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2008 772-562-0018