2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# N02000003398

Entity Name: GROVE PLACE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

1285 36TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2945 20TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 04-3702605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT COMERCIAL REAL ESTATE, INC.
2945 20TH STREET
VERO BEACH, FL 32960 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: MGR
Name: GRIFFIN, DR. DAVID
Address: 1285 36TH STREET, SUITE 101
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: DEONARINE, DR. BRIAN
Address: 1285 36TH STREET, SUITE 200
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: KALISH, DR. KEITH
Address: 1285 36TH STREET, SUITE 203
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: BROWN, DR. HAL
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: MURPHY, DR. EDWARD
Address: 1285 36TH STREET, SUITE 205
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: RON LAMABERT RA 02/27/2012

Electronic Signature of Signing Officer or Director Date