FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N02164 (4)

1. Corporation Name

BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HUMANA HOSPITAL BENNETT 201 N.W. 82ND AVENUE #306 PLANTATION FL 33324	% HUMANA HOSPITAL BENNETT 201 N.W. 82ND AVENUE #306 PLANTATION FL 33324

3. Date Incorporated or Qualified: 03/23/1984
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2438926 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSTRAU, NORMAN M.
8751 W BROWARD BLVD
SUITE 302
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Alan Goldenberg, MD
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 203
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	~~HERMAN, FRED~~	12 NAME	Robert Grenitz, MD
STREET ADDRESS	201 NW 82ND AVE	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	~~WALLQUIST, JAMES~~	22 NAME	Mathis Becker, MD
STREET ADDRESS	201 NW 82ND AVE	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	~~DEXTER, STEVE~~	32 NAME	David Bussone
STREET ADDRESS	8201 W BROWARD BLVD	33 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	~~REITER, BEN~~	42 NAME	Yusoof Hamuth, MD
STREET ADDRESS	201 NW 82ND AVE	43 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	PD ☒ Change ☐ Addition
NAME	~~GRENITZ, ROBERT M.D.~~	52 NAME	Alan Goldenberg, MD
STREET ADDRESS	201 N.W. 82ND AVE	53 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/27/95 (305)474-3404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047132