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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02164 (4)

1. Corporation Name

BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

201 NW 82ND AVENUE
PLANTATION FL 33324
US% KEYES
ONE S.E. THIRD AVENUE
MIAMI FL 33131-1700
US3. Date Incorporated or Qualified
03/23/19843a. Date of Last Report
07/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALAN GOLDENBERG, MD
8751 W BROWARD BLVD
SUITE 203
PLANTATION FL 33324

81 Name

MATHIS BECKER, MD

82 Street Address (P.O. Box Number is Not Acceptable)

201 NW 82ND AVE.

83

Suite 504

84

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT GRENITZ	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP P.D.	<input type="checkbox"/> DELETE
NAME	MATHIS BECKER, MD	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUSSONE, DAVID	
STREET ADDRESS	8201 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YUSOOF HAMUTH, MD	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALAN GOLDENBERG, MD	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elliot Wortzel	
1.3 STREET ADDRESS	201 NW 82ND AVE.	
1.4 CITY-ST-ZIP	Plantation FL	33324
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026455

CP2E037 (9/96)