2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N03000000355

Entity Name: CLYDE MORRIS MEDICAL & PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 05-0549269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COASTAL ONCOLOGY, PL
325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174 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: PRES
Name: LUNSFORD, ANNE F
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRS
Name: DODD, PAUL M
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC
Name: BROWNLEE, RAY
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: DUCK, REBECCA
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

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: PAUL M. DODD TRS 02/16/2010

Electronic Signature of Signing Officer or Director — Date