


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N03000001157</b>   |  |  |
| 1. Entity Name<br><b>CONGRESS MEDICAL CENTER CONDOMINIUM<br/>ASSOCIATION, INC.</b>   |  |   |
| Principal Place of Business<br><b>3701 FAU BLVD<br/>SUITE 205<br/>BOCA RATON, FL 33431</b>   | Mailing Address<br><b>3701 FAU BLVD<br/>SUITE 205<br/>BOCA RATON, FL 33431</b>   |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>HEAD, THOMAS S<br/>3701 FAU BLVD<br/>SUITE 205<br/>BOCA RATON, FL 33431</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |   |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>HEAD, THOMAS A<br>3701 FAU BLVD SUITE 205<br>BOCA RATON, FL 33431  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>HEAD, THOMAS S<br>3701 FAU BLVD SUITE 205<br>BOCA RATON, FL 33431  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>MURDOCH, RICHARD A<br>700 S FEDERAL HWY STE 200<br>BOCA RATON, FL 33432  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>STEINBERG, FRED<br>3848 FAU BLVD STE 200<br>BOCA RATON, FL 33431   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 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 all other like empowered. |  |   |
| SIGNATURE: <u>Thomas Head</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <u>1/12/07</u> <u>561-347 6915</u><br><small>Date Daytime Phone #</small>         |



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|---|---|
| 4. FEI Number<br><b>61-1442653</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

U00000592993  
01/22/07-80014-011 61.25