

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001157

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CONGRESS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431

**New Principal Place of Business:**

4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431

**New Mailing Address:**

4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**FEI Number:** 61-1442653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEAD, THOMAS S  
3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

HEAD, THOMAS S  
4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HEAD, THOMAS A  
Address: 3701 FAU BLVD SUITE 205  
City-St-Zip: BOCA RATON, FL 33431

Title: DV ( ) Delete  
Name: HEAD, THOMAS S  
Address: 3701 FAU BLVD SUITE 205  
City-St-Zip: BOCA RATON, FL 33431

Title: DS ( ) Delete  
Name: MURDOCH, RICHARD A  
Address: 700 S FEDERAL HWY STE 200  
City-St-Zip: BOCA RATON, FL 33432

Title: DT ( ) Delete  
Name: STEINBERG, FRED  
Address: 3848 FAU BLVD STE 200  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HEAD, THOMAS A  
Address: 4601 NORTH DIXIE HIGHWAY  
City-St-Zip: BOCA RATON, FL 33431

Title: DV (X) Change ( ) Addition  
Name: HEAD, THOMAS S  
Address: 4601 NORTH DIXIE HIGHWAY  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A HEAD

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date