


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 11 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006869 1. Entity Name SEACREST MEDICAL TOWER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2298 N.W. SECOND AVENUE, #21 BOCA RATON, FL 33431		Mailing Address 2298 N.W. SECOND AVENUE, #21 BOCA RATON, FL 33431	
2. Principal Place of Business <i>798 E. Boca Raton Rd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>798 E. Boca Raton Rd.</i> Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33432</i>		Zip <i>33432</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent ROSENTHAL, STUART S 404 EAST ATLANTIC BOULEVARD, SUITE 101 POMPANO BEACH, FL 33060-6258		7. Name and Address of New Registered Agent Name <i>no change - Rosenthal, Stuart</i> Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, type or print name of registered agent and title as required. (NOTE: Registered agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD SOLIS, FRANCISCO A 2298 N.W. SECOND AVENUE, #21 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Pres.</i> <i>Eyal Meiri, M.D.</i> <i>2320 S. Seacrest Blvd. Ste 300</i> <i>Boynton Beach, FL 33435</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD SOLIS, OLGA 2298 N.W. SECOND AVENUE, #21 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Vice Pres</i> <i>Pedro W. Sirodo M.D.</i> <i>2320 S. Seacrest Blvd. Ste 200</i> <i>Boynton Beach, FL 33435</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D ROSENTHAL, STUART S 404 EAST ATLANTIC BLVD., SUITE 101 POMPANO BEACH, FL 330606258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Treasurer</i> <i>Armando Armas M.D.</i> <i>2320 S. Seacrest Blvd. Ste 300</i> <i>Boynton Beach, FL 33435</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	000079733650 09/12/06--01086--013 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> EYAL MEIRI		Date: 9/5/06 (561) 740-3377	

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