# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# N03000006869

**Entity Name:** SEACREST MEDICAL TOWER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

798 E BOCA RATON ROAD
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

2320 S.SEACREST BLVD.
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

798 E BOCA RATON ROAD
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number: 20-0835120** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROSENTHAL, STUART S
404 EAST ATLANTIC BOULEVARD, SUITE 101
POMPANO BEACH, FL 330606258 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: P ( ) Delete
Name: MEIRI, EYAL M.D.
Address: 2320 S SEACREST BLVD., SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP ( ) Delete
Name: TIRADO, PEDRO W M.D.
Address: 2320 S SEACREST BLVD., SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T ( ) Delete
Name: ARMANDO, ARMAS M.D.
Address: 2320 S SEACREST BLVD., SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435 US

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

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

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: DR. EYAL MEIRI PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date