


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

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000009201**

1. Entity Name  
**CM2 MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>345 CLYDE MORRIS BLVD.          STE 330          ORMOND BEACH, FL 32174</b>	Mailing Address <b>345 CLYDE MORRIS BLVD.          STE 330          ORMOND BEACH, FL 32174</b>
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04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0376446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPERTUS, ALAN D, M.D.  
 345 CLYDE MORRIS BLVD.  
 STE 330  
 ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPERTUS, ALAN D M.D. 345 CLYDE MORRIS BLVD., STE. 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LA STARZA, MARK M.D. 335 CLYDE MORRIS BLVD., STE. 290 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, DONNA D.P.M. 335 CLYDE MORRIS BLVD., STE. 160 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/07-80005-001 61.25

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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 reports 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:**  **4/20/07** **(386) 672-4232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #