

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009201

FILED
Apr 18, 2012
Secretary of State

Entity Name: CM2 MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174

New Principal Place of Business:

345 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

Current Mailing Address:

345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174

New Mailing Address:

PO BOX 730727
ORMOND BEACH, FL 321730727 US

FEI Number: 20-0376446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPERTUS, ALAN D , M.D.
345 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174 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: ALAN D SPERTUS, MD

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SPERTUS, ALAN D M.D.
Address: 345 CLYDE MORRIS BLVD., STE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT
Name: LA STARZA, MARK M.D.
Address: 335 CLYDE MORRIS BLVD., STE. 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS
Name: BROWN, DONNA D.P.M.
Address: 335 CLYDE MORRIS BLVD., STE. 160
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: ALAN D SPERTUS, MD

DP

04/18/2012

Electronic Signature of Signing Officer or Director

Date