2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N04000000700

Entity Name: LHI PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4512 NORTH FLAGLER DRIVE - SUITE 306
WEST PALM BEACH, FL 33407

New Principal Place of Business:

4512 NORTH FLAGLER DRIVE - SUITE 204
WEST PALM BEACH, FL 33407

Current Mailing Address:

4512 NORTH FLAGLER DRIVE - SUITE 306
WEST PALM BEACH, FL 33407

New Mailing Address:

4512 NORTH FLAGLER DRIVE - SUITE 204
WEST PALM BEACH, FL 33407

FEI Number: 20-0648406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, JOSEPH R JR.
4512 NORTH FLAGLER DRIVE - SUITE 306
WEST PALM BEACH, FL 33407 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: PD ( ) Delete
Name: LEDAKIS, JOHN
Address: 4512 N FLAGLER DR #301
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SEC ( ) Delete
Name: FIELDS, JOSEPH
Address: 4512 N FLAGLER DR #306
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TR ( ) Delete
Name: CLOUGH, RANDY
Address: 4512 N FLAGLER DR #204
City-St-Zip: WEST PALM BEACH, FL 33407

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: RANDY CLOUGH TR 02/18/2009

Electronic Signature of Signing Officer or Director — Date