


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 050 \*\*\*\*61.25

<b>DOCUMENT # N04000006655</b>			
1. Entity Name 9291 GLADES ROAD MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9291 GLADES ROAD SUITE 305 BOCA RATON FL 33434		Mailing Address 9291 GLADES ROAD SUITE 305 BOCA RATON FL 33434	
2. Principal Place of Business		3. Mailing Address 90 LANG MANAGEMENT Co. Inc 21045 COMMERCIAL TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON, FLORIDA	
Zip	Country	Zip	Country
		33486-1006	

11001001



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  STEIN, JEFFREY MD PA 9291 GLADES ROAD SUITE 305 BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name Address (P.O. Box Number is Not Acceptable) 90 LANG MANAGEMENT COMPANY, INC 21045 COMMERCIAL TRAIL City BOCA RATON FL Zip Code 33486-1006	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, JEFFREY MD PA 9291 GLADES ROAD, SUITE 305 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORPANOS, ERNEST DDS PA 9291 GLADES ROAD, SUITE 305 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORPHANOS, ERNEST DDS, PA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBNICK, MICHAEL DMD PA 9291 GLADES ROAD, SUITE 305 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EISENFELD, PEPPY DPM PA 9291 GLADES ROAD, SUITE 305 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNTSMAN, VIVIAN ROSE 9291 GLADES ROAD, SUITE 305 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUNSTMANN, VIVIAN ROSE DDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 04/22/05