

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006655

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
 C/O LANG MANAGEMENT CO INC
 21045 COMMERCIAL TRAIL
 BOCA RATON, FL 33486-1006



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1533532	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, JEFFREY MD PA
 C/O LANG MANAGEMENT CO, INC
 21045 COMMERCIAL TRAIL
 BOCA RATON, FL 33486-1006

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	PD STEIN, JEFFREY MD PA 9291 GLADES ROAD, SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORPHANOS, ERNEST DDS, PA 9291 GLADES ROAD, SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBNICK, MICHAEL DMD PA 9291 GLADES ROAD, SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EISENFELD, PEPPY DPM PA 9291 GLADES ROAD, SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNSTMANN, VIVAN R DDS 9291 GLADES ROAD, SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624290
 02/14/07-80025-021 70.00

DO NOT WRITE IN THIS SPACE

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07