

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006655

FILED
Apr 17, 2009
Secretary of State

Entity Name: 9291 GLADES ROAD MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9291 GLADES ROAD
SUITE 305
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

C/O LANG MANAGEMENT CO INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006

New Mailing Address:

FEI Number: 20-1533532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEIN, JEFFREY MD PA
C/O LANG MANAGEMENT CO, INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006 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: STEIN, JEFFREY MD PA
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

Title: VD () Delete
Name: ORPHANOS, ERNEST DDS, PA
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: DUBNICK, MICHAEL DMD PA
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: EISENFELD, PEPPY DPM PA
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: KUNSTMANN, VIVAN R DDS
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BIRRIEL, JOSE MD
Address: 9291 GLADES ROAD, SUITE 302
City-St-Zip: BOCA RATON, FL 33434

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: MICHAEL DUBNICK

TD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date