

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006655

FILED
Feb 27, 2011
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:

1651 NW 1ST COURT
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-1533532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRMAN, WILLIAM
1651 NW 1ST COURT
BOCA RATON, FL 33432 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
Name: STEIN, JEFFREY MD PA
Address: 9291 GLADES ROAD, SUITE 305
City-St-Zip: BOCA RATON, FL 33434

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

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

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

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

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: JEFFREY STEIN

PD

02/27/2011

Electronic Signature of Signing Officer or Director

Date