


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010297	
1. Entity Name METRO MEDICAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 14271 METROPOLIS AVE SUITE A FORT MYERS, FL 33912	Mailing Address 14271 METROPOLIS AVE SUITE A FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1963724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNOTT, GEORGE H ESQ.
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAERF, FREDERICK M.D. 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPREN, EDWARD W.D.O. 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPREN, MARISA A 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAERF, MELISSA C 14271 METROPOLIS AVE SUITE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000817951
02/15/08-80022-023 61.25

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:  **Fred Schart** 1-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 239847777