2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

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Entity Name: METRO MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14271 METROPOLIS AVE
SUITE A
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14271 METROPOLIS AVE
SUITE A
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1963724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOTT, GEORGE H ESQ.
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 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: D ( ) Delete
Name: SCHAERF, FREDERICK M.D.
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: HALPREN, EDWARD W D.O.
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: HALPREN, MARISA A
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: SCHAERF, MELISSA C
Address: 14271 METROPOLIS AVE SUITE A
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SCHAERF, FREDERICK M.D.
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: DIR (X) Change ( ) Addition
Name: HALPREN, EDWARD W D.O.
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: DIR (X) Change ( ) Addition
Name: HALPREN, MARISA A
Address: 14271 METROPOLIS AVE STE A
City-St-Zip: FORT MYERS, FL 33912

Title: DIR (X) Change ( ) Addition
Name: SCHAERF, MELISSA C
Address: 14271 METROPOLIS AVE SUITE A
City-St-Zip: FORT MYERS, FL 33912

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: GEORGE H. KNOTT AGEN 04/22/2009

Electronic Signature of Signing Officer or Director — Date