

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010297

FILED  
Jan 22, 2010  
Secretary of State

**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: DIR  
Name: SCHAERF, FREDERICK M.D.  
Address: 14271 METROPOLIS AVE STE A  
City-St-Zip: FORT MYERS, FL 33912

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

Title: DIR  
Name: HALPREN, MARISA A  
Address: 14271 METROPOLIS AVE STE B  
City-St-Zip: FORT MYERS, FL 33912

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

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: FREDERICK W. SCHAERF

DR.

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date