

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009101

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** 11TH CIRCLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2325 18TH AVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1561 OLD DIXIE HWY  
SUITE A  
VERO BEACH, FL 32960

**Current Mailing Address:**

P O BOX 3989  
VERO BEACH, FL 32964

**New Mailing Address:**

P O BOX 650429  
VERO BEACH, FL 32965

**FEI Number:** 20-5485473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLINCHUM, RUSSELL  
2325 18TH AVE  
VERO BEACH, FL 32960 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: DST  
Name: FLINCHUM, RUSSELL  
Address: 1561 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960

Title: VPD  
Name: SARBEK, JOHN DR.  
Address: 1561 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960

Title: PD  
Name: EBERHART, CHRISTOPHER DR.  
Address: 1561 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960

Title: M  
Name: RULE, LISA  
Address: 1561 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960

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: LISA A RULE

M

04/30/2010

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

\_\_\_\_\_  
Date