

N06737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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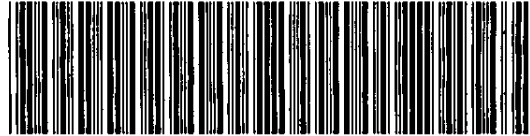
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 MAY 31 PM 11:35

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Treasure Coast Medical Center Condominiums Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06737

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay C'DeBaca

Name of Contact Person

Treasure Coast Medical Center Condominiums Association, Inc.

Firm/Company

16435 N. Scottsdale Road, Suite 320

Address

Scottsdale, AZ 85254

City/State and Zip Code

lindsaycdebaca@htareit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay C'DeBaca

Name of Contact Person

at (480) 998-3478

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRET FILED
DIVISION OF CORPORATIONS
16 MAY 31 AM 11:35

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Treasure Coast Medical Center Condominiums Association, Inc.

2. The principal office address: 16435 N. Scottsdale Road, Suite 320, Scottsdale, AZ 85254

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/19/1984 Document number: N06737

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter-resigned)

Greenfield Properties

900 Broken Sound Parkway NW

Boca Raton, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Healthcare Management of America, Inc.

7100 W 20th Avenue, Suite 302

P.O. Box NOT acceptable

Hialeah, FL 33016

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Bridget Logge

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

4-27-16

Date

If signing on behalf of an entity:

Healthcare Management of America, Inc.

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)