

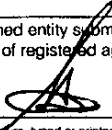



FILED
Feb 29, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # N07000007558						Secretary of State 02-29-2008 90025 014 ***61.25	
1. Entity Name COCOHATCHEE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 1656 MEDICAL BLVD NAPLES, FL 34110			
Mailing Address 1656 MEDICAL BLVD NAPLES, FL 34110							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02192008 Chg-NP CR2E037 (12/06)		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAPLES, FL 34110		NAPLES, FL 34110		Name Meckstroth, Steven		Street Address (P.O. Box Number is Not Acceptable) 1656 Medical Blvd, Ste 301	
City & State		City & State		City Naples		Zip Code FL 34110	
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 				DATE 2-25-8			
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP MECKSTROTH, STEVEN A MD 1656 MEDICAL BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVP ALESSI, ALBERT 1656 MEDICAL BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DST CRAWFORD, TRACY 1656 MEDICAL BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE 2-25-8			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			