2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2011
Secretary of State

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Entity Name: COCOHATCHEE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1656 MEDICAL BLVD
301
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1656 MEDICAL BLVD
301
NAPLES, FL 34110

New Mailing Address:

FEI Number: 26-0647963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MECKSTROTH, STEVEN
1656 MEDICAL BLVD
STE 301
NAPLES, FL 34110 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: DP
Name: MECKSTROTH, STEVEN A MD
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: ALESSI, ALBERT
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

Title: DST
Name: CRAWFORD, TRACY
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

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: STEVEN A MECKSTROTH DP 02/02/2011

Electronic Signature of Signing Officer or Director — Date