

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001163

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD ONCOLOGY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

720 DOCOTORS DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

720 DOCTORS DRIVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

720 DOCOTORS DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

720 DOCTORS DRIVE  
ENGLEWOOD, FL 34223

**FEI Number:** 26-4372946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER, ALAN H  
720 DOCOTORS DRIVE  
ENGLEWOOD, FL 34223 US

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

PORTER, ALAN H  
3663 BEE RIDGE RD  
SARASOTA, FL 34233 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: PORTER, ALAN H  
Address: 720 DOCOTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DV ( ) Delete  
Name: ORMAN, STEVEN V  
Address: 720 DOCOTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS ( ) Delete  
Name: LANDERS, ROY A  
Address: 720 DOCOTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: GONTER, PAUL  
Address: 720 DOCOTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: PORTER, ALAN H  
Address: 720 DOCTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DV (X) Change ( ) Addition  
Name: ORMAN, STEVEN V  
Address: 720 DOCTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS (X) Change ( ) Addition  
Name: LANDERS, ROY A  
Address: 720 DOCTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change ( ) Addition  
Name: GONTER, PAUL  
Address: 720 DOCTORS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN H PORTER MD

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date