

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001163

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

720 DOCTORS DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

720 DOCTORS DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**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  
3663 BEE RIDGE RD  
SARASOTA, FL 34233 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:** DPT  
**Name:** PORTER, ALAN H  
**Address:** 720 DOCTORS DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** DV  
**Name:** ORMAN, STEVEN V  
**Address:** 720 DOCTORS DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** DS  
**Name:** LANDERS, ROY A  
**Address:** 720 DOCTORS DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** D  
**Name:** GONTER, PAUL  
**Address:** 720 DOCTORS DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** ALAN H. PORTER MD

PRES

04/29/2010

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

\_\_\_\_\_  
Date