

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

DOCUMENT# N08000001648

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** DOC PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

140 NW CHAMBER CT.  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 86  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 26-2452996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLLIN, ALAN S M.D.  
1871 SE TIFFANY AVE  
STE 100  
PORT ST LUCIE, FL 34952 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:** PD  
**Name:** COLLIN, ALAN S M.D.  
**Address:** 1871 SE TIFFANY AVE, SUITE 100  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** VPD  
**Name:** IOANNIDES, TIM M.D.  
**Address:** 140 CHAMBER CT.  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** TD  
**Name:** MARJIEH, ZIAD MICHEL M M.D.  
**Address:** 2100 NEBRASKA AVENUE, STE 105  
**City-St-Zip:** FORT PIERCE, FL 34950

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 S. COLLIN, M.D.

PD

01/05/2010

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

\_\_\_\_\_  
Date