

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002463

FILED
Feb 14, 2009
Secretary of State

Entity Name: OLYMPIA MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SHAHLA & FLEER
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

ZIAD SHAHLA MD
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O SHAHLA & FLEER
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135

New Mailing Address:

ZIAD SHAHLA MD
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135

FEI Number: 26-2281360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHLA, ZIAD DR.
C/O SHAHLA & FLEER
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

SHAHLA, ZIAD DR.
ZIAD SHAHLA MD
8800 TERRENE COURT NO 102
BONITA SPRINGS, FL 34135 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: ZIAD SHAHLA

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAHLA, ZIAD DR.
Address: 8800 TERRENE COURT SUITE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: DAOUD, MAZEN DR.
Address: 8381 RIVERWALK PARK BLVD SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: CHARARA, H A DR.
Address: 7761 KNIGHTWING CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ZIAD SHAHLA

PRES

02/14/2009

Electronic Signature of Signing Officer or Director

Date