

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005913

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** C&D MEDICAL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

217 DEL PRADO BLVD, SOUTH  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

8851 BOARD ROOM CIRCLE  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CHARARA, H  
8851 BOARD ROOM CIRCLE  
FORT MYERS, FL 33919 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: P,D  
Name: DAOUD, MAZEN  
Address: 15244 FIDDLESTICKS BOULEVARD  
City-St-Zip: FORT MYERS, FL 33912

Title: S,D  
Name: CHARARA, HUSNI  
Address: 7761 KNIGHTWING CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: T,D  
Name: HACHEM, DONIA M  
Address: 7761 KNIGHTWING CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

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:** H CHARARA

S,D

03/14/2011

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

\_\_\_\_\_  
Date