
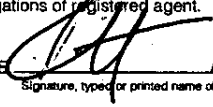
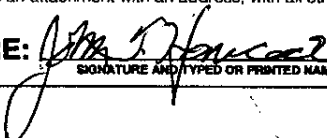


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90086 045 \*\*\*\*61.25

<b>DOCUMENT # N11339</b> 1. Entity Name <b>GLADES MEDICAL PLAZA OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% THE TRIAX GROUP PO BOX 6286 BOCA RATON, FL 33427</b>				Mailing Address <b>% THE TRIAX GROUP P.O. BOX 6286 BOCA RATON, FL 33427</b>	
2. Principal Place of Business <b>1590 N.W. 10th Avenue</b> Suite, Apt. #, etc. <b># 300</b> City & State <b>Boca Raton, Florida</b> Zip <b>33486</b>		3. Mailing Address <b>1590 N.W. 10th Avenue</b> Suite, Apt. #, etc. <b># 300</b> City & State <b>Boca Raton, Florida</b> Zip <b>33486</b>		4. FEI Number <b>59-2636174</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORTH, GLORIA O 2300 GLADES RD 203-E BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Robert C. Martin, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>319 S.E. 14th Street</b> City <b>Fort Lauderdale,</b> <b>FL</b> Zip Code <b>33316</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <b>Robert C. Martin</b> DATE <b>April 8, 2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST HANCOCK, JOHN T</b> <input type="checkbox"/> Delete <b>1590 NW 10TH AVE BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Delete <b>MALIM, SAM</b> <b>1590 N.W. 10TH AVENUE, BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Karr, George</b> <b>1590 N.W. 10th Avenue Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <input type="checkbox"/> Delete <b>GONSKY, ED</b> <b>1590 NW 10TH AVENUE BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ESSER, DAVID</b> <b>1590 NW 10TH AVENUE BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mikhail, Mongi</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1590 N.W. 10th Avenue Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>OTTO, WILLIAM</b> <b>1590 NW 10TH AVENUE BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Delacruz, Jose</b> <b>1590 N.W. 10th Avenue Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>John T. Hancock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Sec./Treas./Dir.</b> DATE <b>April 9, 2004</b> 954-943-4264 <small>Daytime Phone #</small>		