2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# N12636

Entity Name: LAKE ESTATES MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5700 N. FEDERAL HWY., STE 1
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

% RENT-AID MGMT SYSTEMS
120 E. OAKLAND PK BLVD #105-1
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0003756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENT-AID MANAGEMENT SYSTEMS
1967 MARIETTA DRIVE
FORT LAUDERDALE, FL 33316 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: FAIG, DOUGLAS DR.
Address: 5700 N FEDERAL HWY. #5
City-St-Zip: FT LAUDERDALE, FL 33308

Title: STD
Name: ROBERTS, JOHN DR.
Address: 5700 N FEDERAL HWY. #1
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D
Name: BARRERO, JORGE DR
Address: 5700 NORTH FEDERAL HWY #6
City-St-Zip: FORT LAUDERDALE, FL 33316

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: JOHN ROBERTS PRES 04/20/2011

Electronic Signature of Signing Officer or Director — Date