FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12712 (8)

1. Corporation Name

NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WARREN CALLAWAY NORTHWEST REG. HOSPITAL 5801 COLONIAL DR MARGATE FL 33063	C/O WARREN CALLAWAY NORTHWEST REG. HOSPITAL 5801 COLONIAL DR MARGATE FL 33063

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 08/18/1994

4. FEI Number: 62-1119740 61-1257843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2801 North State Rd 7	26 2801 North State Rd 7
22 Suite, Apt. #, etc. Margate, FL 33063	27 Suite, Apt. #, etc. Margate, FL 33063
23 City & State	28 City & State
24 Zip 33063 25 Country	29 Zip 33063 30 Country

9. Name and Address of Current Registered Agent

SCIALDONE, MICHAEL
2801 NORTH STATE ROAD 7
5801 COLONIAL DR
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☐ Change ☑ Addition
NAME	FEILER, KEN	1.2 NAME	Carolyn E EVANS Guida	
STREET ADDRESS	2694 MEADOWOOD COURT	1.3 STREET ADDRESS	3 Gatehouse Road	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Sea Ranch Lakes, FL 33308	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ZUCKER, STEVE	2.2 NAME		
STREET ADDRESS	2315 DOVER	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	TSD	3.1 TITLE		☐ Change ☐ Addition
NAME	SCIALDONE, MICHAEL	3.2 NAME		
STREET ADDRESS	5273 NORTHWEST 54TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/6/95 (305) 978-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600381