2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13817

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 13, 2006 Secretary of State

Entity Name: WEST BOCA MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O THE TRIAX GROUP C/O TRIAX GROUP P.O. BOX 6286 P.O. BOX 6286 BOCA RATON, FL 334276286 BOCA RATON, FL 33427 **Current Mailing Address:** New Mailing Address: C/O THE TRIAX GROUP C/O TRIAX GROUP P.O. BOX 6286 P.O. BOX 6286 BOCA RATON, FL 33427 BOCA RATON, FL 33427 FEI Number: 59-2779469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORTH, GLORIA O. 2300 GLADES ROAD. 203-E BOCA RATON, FL 33431 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: GLORIA O. NORTH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PITERA, RICHARD, PITERA, RICHARD, Name: Name: 9980 W. CENTRAL PARK BL. Address: 9980 W. CENTRAL PARK BL. Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33428 US Title: DTVP Title: () Delete (X) Change () Addition FUNT, DAVID Name: FUNT, JODI Name: Address: 9980 W CENTRAL PARK BL Address: 9980 W CENTRAL PARK BL City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428 US Title: () Delete Title: (X) Change () Addition WEINER, HOWARD, WEINER, HOWARD, Name: Name: 9980 W. CENTRAL PARK BL. 9980 W. CENTRAL PARK BL. Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33428 US Title: () Delete Title: DΡ (X) Change () Addition Name: MONAHAN, KEVIN Name: LOHMANN, RICHARD 9980 W CENTRAL PARK BL 9980 W CENTRAL PARK BL Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: HOWARD WEINER D 01/13/2006

() Delete

() Delete

() Change (X) Addition

() Change (X) Addition

BARTON, PAM

GELB FLISE

9980 W CENTRAL PARK BL

BOCA RATON, FL 33428 US

9980 W CENTRAL PARK BL BOCA RATON, FL 33428 US