## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13817

FILED Apr 28, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** C/O TRIAX GROUP OF SOUTH FLORIDA 3400 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445 **New Mailing Address: Current Mailing Address:** C/O TRIAX GROUP OF SOUTH FLORIDA P.O. BOX 6286 BOCA RATON, FL 33427 FEI Number: 59-2779469 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NORTH, GLORIA O NORTH, GLORIA O 5301 NORTH FEDERAL HWY. SUITE #380 400 SOUTH DIXIE HWY. BOCA RATON, FL 33437 SUITE #323 BOCA RATON, FL 33432 US 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: KENNETH SOLER 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOHMANN, RICHARD Name: Name: 9980 W. CENTRAL PARK BL. Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: Title: DS ( ) Delete Title: DS (X) Change ( ) Addition FUNT, JODI Name: FUNT, JODY Name: Address: 9980 W CENTRAL PARK BL Address: 9980 W CENTRAL PARK BL City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: BOCA RATON, FL 33428 US Title: () Delete Title: () Change () Addition BARTON, PAM Name: Name: 9980 W. CENTRAL PARK BL. Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ADELMAN, MARK Name: 9980 W CENTRAL PARK BL Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GELB, ELISE Name: Name: GELB, ELICE 9980 W CENTRAL PARK BL 9980 W CENTRAL PARK BL Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: BOCA RATON, FL 33428 US

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

SIGNATURE: KENNETH SOLER MGR 04/28/2009