


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 046 ****61.25

DOCUMENT # N15580 1. Entity Name FIFTEEN HUNDRED MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 NW 10TH AVE SUITE 103 BOCA RATON, FL 33486 US			Mailing Address C/O GEM MAINTENANCE & MANAGEMENT, INC. 20423 STATE ROAD 7, F6 PMB 288 BOCA RATON, FL 33498 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2697111	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HCRM CORP. 2200 CORPORATE BLVD, NW, STE 401 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, ELYSE			NAME	
STREET ADDRESS	1500 NW 10TH AVE #103			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, STEVEN			NAME	
STREET ADDRESS	1500 NW 10TH AVE #103			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDE, RUDI			NAME	
STREET ADDRESS	1500 NW 10TH AVE #201			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILYN, RICHARD			NAME	
STREET ADDRESS	1500 NW 10 AVE #105			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, HAROLD MD			NAME	
STREET ADDRESS	1500 NW 10TH AVE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINICK, BRYAN			NAME	
STREET ADDRESS	1500 NW 10 AVE #205			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 3/25/08	
				Daytime Phone # 5611 338-6100	