

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32007

FILED  
Aug 09, 2007  
Secretary of State

**Entity Name:** DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TRIAX GROUP  
P.O. BOX 6286  
BOCA RATON, FL 33427 US

**New Principal Place of Business:**

C/O TRIAX GROUP OF SOUTH FLORIDA  
3400 RABBIT HOLLOWE CIRCLE  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

C/O TRIAX GROUP  
P O BOX 6286  
BOCA RATON, FL 33427 US

**New Mailing Address:**

C/O TRIAX GROUP OF SOUTH FLORIDA  
P O BOX 6286  
BOCA RATON, FL 33427 US

**FEI Number:** 65-0277901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NORTH, GLORIA O  
2300 GLADES ROAD  
#203E  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

NORTH, GLORIA O  
5301 NORTH FEDERAL HWY.  
#380  
BOCA RATON, FL 33437 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: \_\_\_\_\_

08/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEWIS, MICHAEL  
Address: 1000 N.W. 9TH COURT, #204  
City-St-Zip: BOCA RATON, FL 33486

Title: DVP ( ) Delete  
Name: SILFEN, FREDERICK  
Address: 1000 N.W. 9TH COURT, #103  
City-St-Zip: BOCA RATON, FL 33486

Title: DST ( ) Delete  
Name: COPULOS, THOMAS  
Address: 1000 N.W. 9TH COURT  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS COPULOS

D

08/09/2007

Electronic Signature of Signing Officer or Director

Date