

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90001 012 \*\*\*\*61.25

<b>DOCUMENT # N32007</b> 1. Entity Name <b>DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O TRIAX GROUP OF SOUTH FLORIDA 3400 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>C/O TRIAX GROUP OF SOUTH FLORIDA P O BOX 6286 BOCA RATON, FL 33427 US</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O CAPITAL REALTY ADVISERS</b> Suite, Apt. #, etc.		3. Mailing Address <b>600 SANDTREE DRIVE SUITE 109</b> Suite, Apt. #, etc.			
City & State _____		City & State <b>PALMBEACH GARDENS, FL</b>		4. FEI Number <b>65-0277901</b>	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33410</b>		Country <b>PALM BEACH</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NORTH, GLORIA O 5301 NORTH FEDERAL HWY. #380 BOCA RATON, FL 33437</b>				7. Name and Address of New Registered Agent Name: <b>CAPITAL REALTY ADVISERS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 SANDTREE DR. SUITE 109</b> City: <b>PALM BEACH GARDENS FL</b> Zip Code: <b>33403</b>	
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: <u><i>Donna McDonald</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEWIS, MICHAEL 1000 N.W. 9TH COURT, #204 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SILFEN, FREDERICK 1000 N.W. 9TH COURT, #103 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST COPULOS, THOMAS 1000 N.W. 9TH COURT BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2/21/08</u> Daytime Phone #: <u>561-338-7115</u>		