2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2008 8:00 am
Secretary of State
06-05-2008 90001 015 ****61.25

DOCUMENT # N45690

1. Entity Name
FORT PIERCE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1801 S. 23RD STREET SUITE 2 FT. PIERCE, FL 34950	7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952

66014954

05192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0819171
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENEMERITO, EUSEBIO MD
7307 ELYSE CIRCLE
PORT SAINT LUCIE, FL 34952

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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 E. Z. Benemerito 6/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENEMERITO, EUSEBIO Z.
STREET ADDRESS	1801 S. 23RD STREET
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	VD
NAME	LAROYA, PRUDENCIO E.
STREET ADDRESS	1801 S. 23RD STREET
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	STD
NAME	FLORES, GERARD Q.
STREET ADDRESS	1801 S. 23RD STREET
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: E. Z. Benemerito 6/25/08 772 461-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #