

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45690

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

1801 S. 23RD STREET
SUITE 2
FT. PIERCE, FL 34950

New Principal Place of Business:

7307 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

7307 ELYSE CIRCLE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

7307 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952

FEI Number: 65-0819171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENEMERITO, EUSEBIO Z.
Address: 1801 S. 23RD STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: VD () Delete
Name: LAROYA, PRUDENCIO E.
Address: 1801 S. 23RD STREET
City-St-Zip: FT. PIERCE, FL

Title: STD () Delete
Name: FLORES, GERARD Q.
Address: 1801 S. 23RD STREET
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENEMERITO, EUSEBIO Z.
Address: 7307 ELYSE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

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: EUSEBIO Z. BENEMERITO

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date