

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45690

FILED
Mar 15, 2011
Secretary of State

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

Current Principal Place of Business:

7307 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

7307 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952

New Mailing Address:

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
Name: BENEMERITO, EUSEBIO Z.
Address: 7307 ELYSE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

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

I hereby 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 all other like empowered.

SIGNATURE: E.Z. BENEMERITO

M.D.

03/15/2011

Electronic Signature of Signing Officer or Director

Date