


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002995 1. Entity Name PALATKA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 800 ZEAGLER DR STE 510 PALATKA, FL 32177	Mailing Address 800 ZEAGLER DR STE 510 PALATKA, FL 32177 US
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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3324767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STANESCU, STEFAN 800 ZEAGLER DR STE 510 PALATKA, FL 32177
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STANESCU, STEFAN 800 ZEAGLER DR STE 510 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HICKS, CHARLES 800 ZEAGLER DR STE 330 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HICKS, CHARLES 800 ZEAGLER RD., STE. 330 PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000521267
05/02/06-80127-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Hallisee / C. Hall 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #