
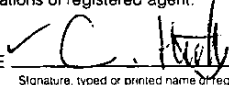
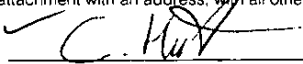


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 002 ****61.25

DOCUMENT # N94000002995					
1. Entity Name PALATKA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 800 ZEAGLER DR STE 510 PALATKA, FL 32177			Mailing Address 800 ZEAGLER DR STE 510 PALATKA, FL 32177 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. Suite 330		Suite, Apt. #, etc. Suite 330			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3324767	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANESCU, STEFAN 800 ZEAGLER DR STE 510 PALATKA, FL 32177			Name Hicks, Charles Street Address (P.O. Box Number is Not Acceptable) 800 Zeagler Dr Suite 330 City Palatka FL Zip Code 32177		
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 			DATE 4-13-07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE DP	NAME STANESCU, STEFAN		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 510	CITY-ST-ZIP PALATKA, FL 32177				
TITLE DST	NAME HICKS, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 330	CITY-ST-ZIP PALATKA, FL 32177				
TITLE DVP	NAME HICKS, CHARLES		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER RD., STE. 330	CITY-ST-ZIP PALATKA, FL				
TITLE DST	NAME HICKS, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 330	CITY-ST-ZIP PALATKA, FL				
TITLE DVP	NAME ZABAD, Hussein		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 800 Zeagler Dr Ste 420	CITY-ST-ZIP Palatka FL 32177				
TITLE DST	NAME HICKS, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 330	CITY-ST-ZIP PALATKA, FL				
TITLE DST	NAME HICKS, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 330	CITY-ST-ZIP PALATKA, FL				
TITLE DST	NAME HICKS, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 800 ZEAGLER DR STE 330	CITY-ST-ZIP PALATKA, FL				
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: 			DATE 4-13-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 386-325-6000		