

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002995**

**1. Entity Name**  
PALATKA MEDICAL CENTER CONDOMINIUM  
ASSOCIATION, INC.



**Principal Place of Business**

800 ZEAGLER DR  
STE 330  
PALATKA, FL 32177

**Mailing Address**

800 ZEAGLER DR  
STE 330  
PALATKA, FL 32177 US



03312008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3324767

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HICKS, CHARLES  
800 ZEAGLER DR STE 330  
PALATKA, FL 32177

**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**

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 May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000879771  
04/15/08-80024-005 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DST  
STANESCU, STEFAN  
800 ZEAGLER DR STE 510  
PALATKA, FL 32177

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DP  
HICKS, CHARLES  
800 ZEAGLER DR STE 330  
PALATKA, FL 32177

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DVP  
SABAD, HUSSEIN  
800 2 EAGLER DR STE 420  
PALATKA, FL 32177

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Charles Hicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08

386-3325-6000