

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002995

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 ZEAGLER DR  
STE 330  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

800 ZEAGLER DR  
STE 330  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3324767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKS, CHARLES  
800 ZEAGLER DR STE 330  
PALATKA, FL 32177 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: DP  
Name: HICKS, CHARLES  
Address: 800 ZEAGLER DR STE 330  
City-St-Zip: PALATKA, FL 32177

Title: DVP  
Name: DEJUK, MIGUEL  
Address: 800 ZEAGLER DR., STE. 210  
City-St-Zip: PALATKA, FL 32177

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: CHARLES HICKS

DP

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date