

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004508 1. Entity Name MEDICAL CENTER CONDOMINIUM ASSOC., INC.	
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Principal Place of Business 1922 HWY 441 N OKEECHOBEE, FL 34972	Mailing Address 1922 HWY 441 N OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0733601	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLASSEN, HANNAH 1922 HWY 441 N. OKEECHOBEE, FL 34972

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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.

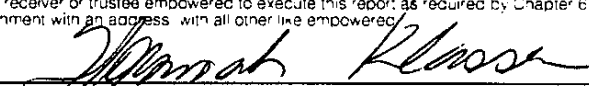
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering. DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000581372 01/10/07-80085-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KLASSEN, HANNAH 1922 HWY 441 N OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SLUTSKY, BRAD MD 1920 HWY 441 N OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD LANZA, JOHN MD 1916 HWY 441 N OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MEHANNI, MAGED 1922 HWY 441 N OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CLOSE, CHRIS CBC MGMT, PO BOX 2558 OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEE, ROBERT 1796 HWY 441 N OKEECHOBEE, FL 34972

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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 line empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #