

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004508

FILED
Jan 13, 2009
Secretary of State

Entity Name: MEDICAL CENTER CONDOMINIUM ASSOC., INC.

Current Principal Place of Business:

1922 HWY 441 N
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1922 HWY 441 N
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 65-0733601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLASSEN, HANNAH
1922 HWY 441 N.
OKEECHOBEE, FL 34972 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: D () Delete
Name: KLASSEN, HANNAH
Address: 1922 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: SLUTSKY, BRAD MD
Address: 1920 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD () Delete
Name: LANZA, JOHN MD
Address: 1916 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD () Delete
Name: MEHANNI, MAGED
Address: 1922 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: GJC PROPERTIES LTD,
Address: PO BOX 670
City-St-Zip: OKEECHOBEE, FL 34973

Title: PD () Delete
Name: LEE, ROBERT
Address: 1796 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HANNAH KLASSEN

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date