2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N96000004508

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
Name: KLASSEN, HANNAH
Address: 1922 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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

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

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

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: HANNAH KLASSEN D 01/05/2011
Electronic Signature of Signing Officer or Director Date