

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004508

FILED  
Jan 17, 2012  
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  
**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

01/17/2012

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

\_\_\_\_\_  
Date