
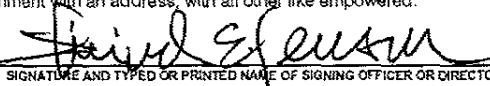


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N96000004556		
1. Entity Name OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 90 CYPRESS WAY EAST NAPLES, FL 34110		Mailing Address 801 LAUREL OAK DR SUITE 303 NAPLES, FL 34108 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JENSEN, DR. DIVIND E 90 CYPRESS WAY E STE 20 NAPLES, FL 34110		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, GREGORY A OAK TREE MED CTR 90 CYPRESS WAY E #60-65 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBERT, KARLA A OAK TREE MED CTR 90 CYPRESS WAY E #10 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGHTON, WILLIAM G OAK TREE MED CTR 90 CYPRESS WAY E #30 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, OIVIND E OAK TREE MED CTR 90 CYPRESS WAY E #20 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, WILLIAM E JR OAK TREE MED CTR 90 CYPRESS WAY E #40-45 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 like empowered.		
SIGNATURE: 		1/22/07 (239) 597-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0748668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/29/07-80036-020 61.25

**DO NOT WRITE
IN THIS SPACE**