

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004556

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

90 CYPRESS WAY EAST  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

801 LAUREL OAK DR  
SUITE 303  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0748668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENSEN, DR. DIVIND E  
90 CYPRESS WAY E  
STE 20  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

JENSEN, DR. OIVIND E  
90 CYPRESS WAY E  
STE 20  
NAPLES, FL 34110 US

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: DR. OIVIND JENSEN

01/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLINS, GREGORY A  
Address: OAK TREE MED CTR 90 CYPRESS WAY E #60-65  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: SEIBERT, KARLA A  
Address: OAK TREE MED CTR 90 CYPRESS WAY E #10  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: AUGHTON, WILLIAM G  
Address: OAK TREE MED CTR 90 CYPRESS WAY E #30  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: JENSEN, OIVIND E  
Address: OAK TREE MED CTR 90 CYPRESS WAY E #20  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: GRUBBS, WILLIAM E JR  
Address: OAK TREE MED CTR 90 CYPRESS WAY E #40-45  
City-St-Zip: NAPLES, FL 34110

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: DR. OIVIND JENSEN

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date