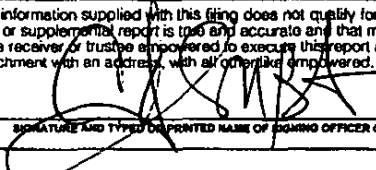


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-19-2008 90017 031 ***150.00

DOCUMENT # P06000026232			
1. Entity Name SLW MED CONDO MANAGEMENT, INC			
Principal Place of Business 1203 SW SUNSET TRAIL PALM CITY, FL 34990		Mailing Address 1203 SW SUNSET TRAIL PALM CITY, FL 34990	
2. Principal Place of Business - No P.O. Box # 266 NW PEACOCK BLVD		3. Mailing Address 266 NW PEACOCK BLVD	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State PORT ST. LUCIE, FL		City & State PORT ST. LUCIE, FL	
Zip 34986	Country USA	Zip 34986	Country USA
4. FEI Number 56-2591929		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOREL BERTRAND 1203 SW SUNSET TRAIL PALM CITY, FL 34990			
7. Name and Address of New Registered Agent Name SOREL BERTRAND Street Address (P.O. Box Number is Not Acceptable) 308 NW BETHANY DRIVE City PORT ST. LUCIE FL Zip Code 34986			
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:  Bertrand Sorel DATE 02/08/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBA, CHRISTIANE DR. 1203 SW SUNSET TRAIL PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBA, CHRISTIANE DR. 266 NW PEACOCK BLVD, STE 101 PORT ST. LUCIE, FL 34986 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, 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: 		Date March 10, 08 772 801-7189	

66003463



02082008 Chg-P CR2E034 (12/06)