

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000026232

**Entity Name:** SLW MED CONDO MANAGEMENT, INC

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

266 NW PEACOCK BLVD  
101  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

266 NW PEACOCK BLVD  
101  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 56-2591929      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

SOREL, BERTRAND  
308 NW BETHANY DRIVE  
PORT SAINT LUCIE, FL 34986      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

**Election Campaign Financing Trust Fund Contribution (  ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHRISTANE, ASHBA  
Address: 266 NW PEACOCK BLVD, STE. 101  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTIANE ASHBA

P

01/17/2010

Electronic Signature of Signing Officer or Director

Date