

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001157

**Entity Name:** CONGRESS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 23, 2023**  
**Secretary of State**  
**0046911686CC**

**Current Principal Place of Business:**

5057 S. CONGRESS AVE  
STE 401  
LAKE WORTH, FL 33461

**Current Mailing Address:**

5057 S. CONGRESS AVE  
STE 401  
LAKE WORTH, FL 33461 US

**FEI Number: 61-1442653**

**Certificate of Status Desired: No**

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

LAM, COLLEEN DR.  
5057 S. CONGRESS AVE  
STE 401  
LAKE WORTH, FL 33461 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:** COLLEEN LAM

03/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            LAM, COLLEEN DR.  
Address        5057 S. CONGRESS AVE  
                  STE 401  
City-State-Zip: LAKE WORTH FL 33461

Title            SECRETARY  
Name            ALIKHAN, AHMED DR.  
Address        5057 S. CONGRESS AVE  
                  STE 401  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            NICHOLS, MICHAEL  
Address        5057 S. CONGRESS AVE  
                  STE 401  
City-State-Zip: LAKE WORTH FL 33461

*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:** COLLEEN LAM

**PRESIDENT/TREASURER    03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date