

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009201

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC8166572310**

**Entity Name:** CM2 MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

345 CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 730727  
ORMOND BEACH, FL 32173-0727 US

**FEI Number:** 20-0376446

**Certificate of Status Desired:** No

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

SPERTUS, ALAN D, M.D.  
345 CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name SPERTUS, ALAN DM.D.  
Address 345 CLYDE MORRIS BLVD., STE 330  
City-State-Zip: ORMOND BEACH FL 32174

Title DT  
Name LA STARZA, MARK M.D.  
Address 335 CLYDE MORRIS BLVD., STE. 290  
City-State-Zip: ORMOND BEACH FL 32174

Title DS  
Name BROWN, DONNA D.P.M.  
Address 335 CLYDE MORRIS BLVD., STE. 160  
City-State-Zip: ORMOND BEACH FL 32174

*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:** ALAN D SPERTUS MD

DP

02/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date