

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005768

**Entity Name:** 4140 MEDICAL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308**Current Mailing Address:**30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AMBA MANAGEMENT TRUST  
30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 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:** BHARAT GUPTA

02/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | PD                       |
| Name            | GUPTA, BHARAT            |
| Address         | 30 COMPASS ISLE          |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

|                 |                          |
|-----------------|--------------------------|
| Title           | VPD                      |
| Name            | GUPTA, ACHALA            |
| Address         | 30 COMPASS ISLE          |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

|                 |                          |
|-----------------|--------------------------|
| Title           | STD                      |
| Name            | GUPTA, MOHIT             |
| Address         | 30 COMPASS ISLE          |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

|                 |                          |
|-----------------|--------------------------|
| Title           | MEMBER                   |
| Name            | GUPTA, ANMOL             |
| Address         | 30 COMPASS ISLE          |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

*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:** BHARAT GUPTA MD**REGISTERED AGENT**

02/08/2020

Electronic Signature of Signing Officer/Director Detail

Date