

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Andra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **766571** (4)

1. Corporation Name

SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 1384
SANFORD FL 32772

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SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1983** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-2437120** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 Zip County

29 Zip County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINSON, ROY C
1401 W SEMINOLE BLVD
SANFORD FL 32771

81 Name **Douglas Sills**
82 Street Address (P.O. Box Number is Not Acceptable) **1401 W. Seminole Blvd.**
83
84 City **Sanford** 85 Zip Code **FL 32771**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME ~~VINSON, ROY C~~
STREET ADDRESS ~~1401 W SEMINOLE BLVD~~
CITY - ST - ZIP ~~SANFORD FL~~

1.1 TITLE **PD** Change Addition
1.2 NAME **SILLS, DOUGLAS**
1.3 STREET ADDRESS **1401 W. Seminole Blvd.**
1.4 CITY - ST - ZIP **Sanford, FL 32771**

TITLE **VD**
NAME **HUAMAN, GONZALO**
STREET ADDRESS **1403 MEDICAL PLAZA DR**
CITY - ST - ZIP **SANFORD FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **STD**
NAME ~~MAYNOR, SHEILA K~~
STREET ADDRESS ~~1401 W SEMINOLE BLVD~~
CITY - ST - ZIP ~~SANFORD FL~~

3.1 TITLE **STD** Change Addition
3.2 NAME **CAMPBELL, STEWART**
3.3 STREET ADDRESS **1401 W. Seminole Blvd**
3.4 CITY - ST - ZIP **Sanford, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #