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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766571 (4)

1. Corporation Name
SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: P O BOX 1384 SANFORD FL 32772
Mailing Address: P O BOX 1384 SANFORD FL 32772-1384

3. Date Incorporated or Qualified: 01/17/1983
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, City, State, Zip, and Country.
4. FEI Number: 59-2437120
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent: SILLS, DOUGLAS, 1401 W SEMINOLE BLVD, SANFORD FL 32771
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like Title, Name, Street Address, City-St-Zip, and checkboxes for DELETE, Change, or Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] REQUIRED Douglas Sills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014675

CFR2E037 (9/96)