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**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90153 002 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 766571**  
1. Entity Name  
**Sanford Professional Medical Condominium Assn.**

38211

**DO NOT WRITE IN THIS SPACE**



2. Principal Place of Business  
**1403 Medical Plaza Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1632 North County Rd. 437**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Sanford, FL**

City & State  
**Longwood, FL**

4. FEI Number  
**59-2437120**

Applied For  
 Not Applicable

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

Zip  
**32771** Country  
**USA** Zip  
**32750** Country

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

8. 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 **DAVID C. DELGADO** **5/31/02**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing) DATE

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>P</b>	<b>Huaman, Gonzalo</b>	<b>1403 Medical Plaza Drive, #101</b>	<b>Sanford, FL 32771</b>				
<b>P</b>	<b>Johnson, Ashley</b>	<b>1401 W. Seminole Blvd.</b>	<b>Sanford, FL 32771</b>				
<b>P</b>	<b>Smith, Rodney</b>	<b>1401 W. Seminole Blvd.</b>	<b>Sanford, FL 32771</b>				

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/24/02** **(407)834-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/4/02

CR2E037B (12/01)