


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 004 ****61.25

DOCUMENT # 766571 ✓					
1. Entity Name SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 1403 MEDICAL PLAZA DRIVE SANFORD, FL 32771			Mailing Address 1632 NORTH COUNTRY ROAD 427 LONGWOOD, FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
02212004 Chg-NP				CR2E037 (10/03)	
4. FEI Number 59-2437120				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELGADO, DAVID C C/O PARK AVENUE LEASING & MGT. 1632 NORTH COUNTRY ROAD 427 LONGWOOD, FL 32750			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUAMAN, GONZALO			NAME	HUAMAN, GONZALO
STREET ADDRESS	1403 MEDICAL PLAZA DR			STREET ADDRESS	1403 MEDICAL PLAZA DR.
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TDD	<input type="checkbox"/> Delete		TITLE	
NAME	JOHNSON, ASHLEY			NAME	
STREET ADDRESS	1401 W SEMINOLE BLVD			STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP	
TITLE	PDD	<input type="checkbox"/> Delete		TITLE	VICE-PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RODNEY			NAME	Rodney Smith
STREET ADDRESS	1401 W SEMINOLE BLVD			STREET ADDRESS	1401 W. Seminole Blvd.
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP	SANFORD, FL 32771
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>				3-15-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	