


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90126 018 \*\*\*\*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**


**50029760**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1632 N. Ronald Reagan Blvd.**  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



03032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2437120**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DELGADO, DAVID C  
 C/O PARK AVENUE LEASING & MGT.  
 1632 NORTH COUNTY ROAD 427  
 LONGWOOD, FL 32750**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1632 N. RONALD REAGAN BLVD.**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUAMAN, GONZALO 1403 MEDICAL PLAZA DR SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD JOHNSON, ASHLEY 1401 W SEMINOLE BLVD SANFORD, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RODNEY 1401 W SEMINOLE BLVD SANFORD, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DR. ASHWINI PATEL 1403 MEDICAL PLAZA DR., Ste. 106 SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Delgado* **3/14/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #