


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 047 ****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 RONALD REAGAN BLVD
 LONGWOOD, FL 32750**

40038948



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1672 N. Ronald Reagan Blvd.
 Suite, Apt. #, etc.

City & State
Longwood, FL

Zip Country
32750

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2437120

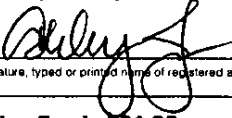
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DELGADO, DAVID C
 1632 N RONALD REAGAN BLV
 LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent
 Name
Delgado, David C
 Street Address (P.O. Box Number is Not Acceptable)
1672 N. Ronald Reagan Blvd.
 City
Longwood FL Zip Code
32750

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 **4/3/07**

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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, ASHWIN	NAME	
STREET ADDRESS	1403 MEDICAL PLAZA DR, STE 106	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	TDD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ASHLEY	NAME	
STREET ADDRESS	1401 W SEMINOLE BLVD	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RODNEY	NAME	
STREET ADDRESS	1401 W SEMINOLE BLVD	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:  DATE: **4/3/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR