


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 766571

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



Principal Place of Business
**1403 MEDICAL PLAZA DRIVE
 SANFORD, FL 32771**

Mailing Address
**1672 NORTH RONALD REAGAN BLVD
 LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

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
 1672 N RONALD REAGAN BLV
 LONGWOOD, FL 32750**

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. 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, 2008**

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

000000232440
 02/27/08-80059-013 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PATEL, ASHWIN 1403 MEDICAL PLAZA DR, STE 106 SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDD JOHNSON, ASHLEY 1401 W SEMINOLE BLVD SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, RODNEY 1401 W SEMINOLE BLVD SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **David C. DELGADO** **2/11/08** **407.834.4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #