

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766571

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

1403 MEDICAL PLAZA DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1672 NORTH RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**New Mailing Address:**

1672 N. RONALD REAGAN BLVD  
LONGWOOD, FL 32750

FEI Number: 59-2437120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELGADO, DAVID C  
1672 N RONALD REAGAN BLV  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

DELGADO, DAVID MGR  
1672 N. RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

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

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PATEL, ASHWIN  
Address: 1403 MEDICAL PLAZA DR, STE 106  
City-St-Zip: SANFORD, FL 32771

Title: TDD ( ) Delete  
Name: JOHNSON, ASHLEY  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: SMITH, RODNEY  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STRINGER, NEIL  
Address: 1403 MEDICAL PLAZA DR, STE 100  
City-St-Zip: SANFORD, FL 32771

Title: S (X) Change ( ) Addition  
Name: BRANDON, WENDY  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change ( ) Addition  
Name: YOUNG, RUSS  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. DELGADO

MGR

04/07/2009

Electronic Signature of Signing Officer or Director

Date