

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766571

**FILED**  
**Apr 29, 2011**  
**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 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Mailing Address:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUAMAN, GONZALO  
Address: 1403 MEDICAL PLAZA DR, STE 100  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: BRANDON, WENDY  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: YOUNG, RUSS  
Address: 1401 W SEMINOLE BLVD  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: GONZALO HUMAN

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date