

FILED

Jul 10, 2003 8:00 am

Secretary of State

05-05-2003 90375 033 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

55050801

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
4. FEI Number 59-2437120
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SMITH, RODNEY
1401 W SEMINOLE BLVD
SANFORD FL 32771

7. Name and Address of Now Registered Agent
Name David C. Delgado
Street Address (P.O. Box Number is Not Acceptable)
c/o Park Avenue Leasing & Mgt
1632 North County Road 427
City Longwood, FL 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 DAVID C. DELGADO DATE 4/29/03

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include Huaman, Gonzalo (PD), Johnson, Ashley (VD), and Smith, Rodney (TD).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include Huaman, Gonzalo (VP), Johnson, Ashley (TD), and Smith, Rodney (PD).

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ashley Johnson DATE: 4/29/03 DAYTIME PHONE #: 407-321-4500

CR2037 (10/02)