

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N01344

Entity Name: PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

13100 FT. KING ROAD  
DADE CITY, FL 33525

**Current Mailing Address:**

**New Mailing Address:**

13100 FT. KING ROAD  
DADE CITY, FL 33525

FEI Number: 59-2433237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND BLVD  
PLANTATION, FL 33324 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: PD ( ) Delete  
Name: KINZLEY, ANDREW  
Address: 13100 FT. KING ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: GARCIA, MIGUEL DMO  
Address: 13020 FT. KING ROAD #101  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: CHIANG, BEN DR  
Address: 13100 FT. KING ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: SAK, TEW A  
Address: 6719 GALL BLVD #107  
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW KNIZLEY

PD

04/29/2004

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

\_\_\_\_\_  
Date