

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N05859 (6)**  
1. Corporation Name  
**SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>1632 N CR 427<br/>MATLAND FL 32751<br/>US</b> | Mailing Address<br><b>1632 N CR 427<br/>LONGWOOD FL 32750<br/>US</b> |
|---|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>10/25/1984</b>   |   |   |
| 4. FEI Number<br><b>59-2535735</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21 521 W. STATE ROAD 434</b><br>Suite, Apt. #, etc.<br><b>22</b> | 2a. Mailing Address<br><b>26</b> |
| City & State<br><b>23 LONGWOOD, FL</b>  | City & State<br><b>27</b>        |
| Zip<br><b>24 32750</b>  | Country<br><b>25</b>             |
| Country<br><b>28</b>  | Country<br><b>29</b>             |

9. Name and Address of Current Registered Agent  
**PARK AVE LEASING & MANAGEMENT, INC  
1620 N. COUNTRY ROAD 427  
SUITE 120  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

|  |                    |
|--|--------------------|
| <b>81</b> Name   |                    |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                    |
| <b>83</b>  |                    |
| <b>84</b> City   | <b>85</b> Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/15/98**

| 12. OFFICERS AND DIRECTORS                    |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>VD</b>                            | NAME<br><b>CLIMER, CLYDE DR.</b>           | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>521 W STATE RD 434</b>   | CITY-ST-ZIP<br><b>LONGWOOD FL</b>          | 1.2 NAME  |  |
|   | <input checked="" type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |  |
| TITLE<br><b>PD</b>                            | NAME<br><b>RYAN, JOHN M</b>                | 1.4 CITY-ST-ZIP                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>521 W STATE RD 434</b>   | CITY-ST-ZIP<br><b>LONGWOOD FL</b>          | 2.1 TITLE   |  |
|   | <input type="checkbox"/> DELETE            | 2.2 NAME  | <b>John F. RYAN, M.D.</b>  |
| TITLE<br><b>TD</b>                            | NAME<br><b>JANKAUSKAS, SAULIUS M</b>       | 2.3 STREET ADDRESS                                    | <b>521 W. STATE Rd. 434, Ste 308</b>   |
| STREET ADDRESS<br><b>521 W. STATE RD. 434</b> | CITY-ST-ZIP<br><b>LONGWOOD FL</b>          | 2.4 CITY-ST-ZIP                                       | <b>LONGWOOD, FL 32750</b>  |
|   | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> DELETE            | 3.2 NAME  | <b>DR Willie B. NEWMAN, M.D.</b>   |
| NAME  |  | 3.3 STREET ADDRESS                                    | <b>521 W. STATE Rd 434, Ste. 200</b>   |
| STREET ADDRESS                                |  | 3.4 CITY-ST-ZIP                                       | <b>LONGWOOD, FL 32750</b>  |
| CITY-ST-ZIP                                   |  | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|   |  | 4.2 NAME  | <b>DR SUE HALLORAN, SSH/FAC. Admin.</b>                                      |
|   |  | 4.3 STREET ADDRESS                                    | <b>555 W. STATE Rd 434</b>   |
|   |  | 4.4 CITY-ST-ZIP                                       | <b>LONGWOOD, FL 32750</b>  |
|   |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  | 5.2 NAME  |  |
|   |  | 5.3 STREET ADDRESS                                    |  |
|   |  | 5.4 CITY-ST-ZIP                                       |  |
|   |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  | 6.2 NAME  |  |
|   |  | 6.3 STREET ADDRESS                                    |  |
|   |  | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/17/98** PHONE: **407-767-901**

CR2E037 (10/97)