

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90005 001 ****61.25

DOCUMENT # N05859 ✓

1. Entity Name

SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

521 W. STATE ROAD 434
 LONGWOOD FL 32750
 US

1632 N CR 427
 LONGWOOD FL 32750-3401
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2535735 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK AVE LEASING & MANAGEMENT, INC
 1632 N COUNTY ROAD 427
 LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DST HOLLARAN, SUE**
 STREET ADDRESS **555 W STATE RD 434**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD RYAN, JOHN F. M.D.**
 STREET ADDRESS **521 W. STATE ROAD 434, SUITE 308**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME **VPD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD WIESE, JON MD**
 STREET ADDRESS **521 W STATE RD 434, STE 305**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **DST NORRIS, THOMAS, MD**
 STREET ADDRESS **521 W. STATE Rd. 434, Ste. 300**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
 Date

(407) 834-4000
 Daytime Phone #

CR2E037 (9/99)