

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:41

DOCUMENT # **N32467** (5)

1. Corporation Name  
**UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATI  
ON, INC.**

Principal Place of Business Mailing Address  
**4123 UNIVERSITY BLVD. S. SUITE A JACKSONVILLE FL 32216** **4123 UNIVERSITY BLVD. S. SUITE A JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/23/1989</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>59-2768995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**FORD, ROBERT A.  
3030 HARTLEY ROAD  
SUITE 200  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BHIDE, VASANT P.</b>
STREET ADDRESS	<b>112 CYPRESS LANDING</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>SHAH, GAURANG</b>
STREET ADDRESS	<b>11545 TRUXTON COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>PRABHU, SUDHIR L.</b>
STREET ADDRESS	<b>2817 FOREST CIR</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>KHOSRAVI, HORMOZ</b>
STREET ADDRESS	<b>3285 FRONT RD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>BEHZADI, FARAMARZ</b>
STREET ADDRESS	<b>3544 SUNNYSIDE DR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an address. **S. L. Prabhu** (904) 636-9100

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) **3/2/95** (Date) (Typed Name #)