


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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32467**  
 1. Entity Name  
**UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 4123 UNIVERSITY BLVD. S. SUITE B JACKSONVILLE, FL 32216 US	Mailing Address 4123 UNIVERSITY BLVD. S. SUITE B JACKSONVILLE, FL 32216 US
---	---



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2768995	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PRABHU, SUDHIR L MD  
 4123 UNIVERSITY BLVD. S.  
 SUITE B  
 JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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

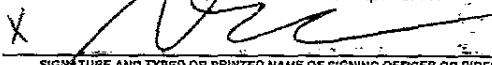
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHIDE, VASANT P 112 CYPRESS LANDING JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAURANG, SHAH 1301 RIVERBIRCH LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRABHU, SUDHIR L 2817 FOREST CIR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHOSRAVI, HORMOZ 3265 FRONT RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHZADI, FARAMARZ 3544 SUNNYSIDE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000150435  
 05/04/04-80008-002 61.25

**DO NOT WRITE IN THIS SPACE**

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: X  S. L. Prabhu (905) 636-9100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/30/04 Daytime Phone #