

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766571

**Entity Name:** SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.

**FILED  
Apr 23, 2015  
Secretary of State  
CC1420363543**

**Current Principal Place of Business:**

1403 MEDICAL PLAZA DR  
STE 101  
SANFORD, FL 32771

**Current Mailing Address:**

1403 MEDICAL PL DR  
STE 101  
SANFORD, FL 32771 US

**FEI Number: 59-2437120**

**Certificate of Status Desired: No**

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

HUAMAN, SHIRLEY A  
1403 MEDICAL PLAZA DR  
SUITE 101  
SANFORD, FL 32771 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: SHIRLEY A. HUAMAN**

**04/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRANDON, WENDY  
Address        1401 SEMINOLE BLVE  
City-State-Zip: SANFORD FL 32771

Title            T  
Name            READ, RICHARD  
Address        1401 W SEMINOLE BLVD  
City-State-Zip: SANFORD FL 32771

Title            VP  
Name            MOWERE, DAVID  
Address        1403 MEDICAL PLAZA DR  
                  STE 101  
City-State-Zip: SANFORD FL 32771

Title            VP  
Name            MOWERE, DAVID  
Address        1403 MEDICAL PLAZA DR  
                  STE 101  
City-State-Zip: SANFORD FL 32771

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD READ**

**TREASURER**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date