

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766571

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

**FILED**  
**Sep 06, 2013**  
**Secretary of State**  
**CC2633950616**

**Current Principal Place of Business:**

1033 OXFORD STREET  
LONGWOOD, FL 32750

**Current Mailing Address:**

1033 OXFORD STREET  
LONGWOOD, FL 32750 US

**FEI Number: 59-2437120**

**Certificate of Status Desired: No**

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

DELGADO, DAVID MGR  
1033 OXFORD STREET  
LONGWOOD, FL 32750 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name HUAMAN, GONZALO  
Address 1403 MEDICAL PLAZA DR, STE 101  
City-State-Zip: SANFORD FL 32771

Title S  
Name BRANDON, WENDY  
Address 1401 W SEMINOLE BLVD  
City-State-Zip: SANFORD FL 32771

Title T  
Name READ, RICHARD  
Address 1401 W SEMINOLE BLVD  
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: GONZALO HUAMAN

P

09/06/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date