

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003556

**Entity Name:** SACRED HEART AMBULATORY CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC6987361040**

**Current Principal Place of Business:**

5153 N. 9TH AVENUE  
SUITE 200  
PENSACOLA, FL 32504

**Current Mailing Address:**

6688 N. CENTRAL EXPY STE 300  
DALLAS, TX 75206 US

**FEI Number: 90-0293505**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           VP  
Name           MAY, BILLY  
Address       3000 MERIDIAN BLVD SUITE 200  
City-State-Zip: FRANKLIN TN 37067

Title           PRESIDENT  
Name           FOLEY, JULIE  
Address       5151 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title           TREASURER  
Name           FOUNTAIN, CYNTHIA  
Address       5151 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title           ASST. SECRETARY  
Name           MADISON, RUSSELL  
Address       2420 EAST OLIVE ROAD STE D  
City-State-Zip: PENSACOLA FL 32514

*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: RUSSELL MADISON**

**ASST. SECRETARY**

**01/12/2017**

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

\_\_\_\_\_  
Date