

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003556

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

**FILED**  
**Jan 09, 2020**  
**Secretary of State**  
**9549600095CC**

**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	Title	PRESIDENT
Name	LEVERTON, NANCY	Name	LYNN, ASHLEY
Address	5151 N. NINTH AVENUE	Address	3000 MERIDIAN BLVD. STE. 200
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	FRANKLIN TN 37067
Title	TREASURER	Title	ASST. SECRETARY
Name	FOUNTAIN, CYNTHIA	Name	MADISON, RUSSELL
Address	5151 N. NINTH AVENUE	Address	2420 EAST OLIVE ROAD STE D
City-State-Zip:	PENSACOLA FL 32504	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 K. MADISON**

**ASSISTANT SECRETARY 01/09/2020**

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

\_\_\_\_\_  
Date