

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

DOCUMENT# N05859

**FILED**  
**Apr 09, 2013**  
**Secretary of State**  
**CC7154449376**

**Entity Name:** SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

521 W. STATE ROAD 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

1180 SPRING CENTRE S. BLVD.  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 59-2535735**

**Certificate of Status Desired: No**

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

JANKAUSKAS, SAULIUS JMD  
521 W. STATE ROAD434, STE 106  
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 PD  
Name JANKAUSKAS, SAULIUS JMD  
Address 521 W STATE RD 434 STE 106  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER, DIRECTOR  
Name WIESE, JON D  
Address 521 W. STATE ROAD434  
STE 305  
City-State-Zip: LONGWOOD FL 32750

Title VP, DIRECTOR  
Name MIRELES, ALPHONSO  
Address 521 W. STATE ROAD434  
STE 101  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY, DIRECTOR  
Name HUG, ROBIN  
Address ORLANDO HEALTH  
521 W. STATE ROAD434  
City-State-Zip: LONGWOOD FL 32750

*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: SAULIUS JANKAUSKAS**

**PD**

**04/09/2013**

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

\_\_\_\_\_  
Date