


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 004 ****61.25

DOCUMENT # 766571 ✓					
1. Entity Name SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 1403 MEDICAL PLAZA DRIVE SANFORD, FL 32771			Mailing Address 1632 NORTH COUNTRY ROAD 427 LONGWOOD, FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2437120	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DELGADO, DAVID C C/O PARK AVENUE LEASING & MGT. 1632 NORTH COUNTRY ROAD 427 LONGWOOD, FL 32750				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD	HUANAN, GONZALO <input type="checkbox"/> Delete 1403 MEDICAL PLAZA DR SANFORD, FL 32771	TITLE PRES.	HUANAN, GONZALO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1403 MEDICAL PLAZA DR. SANFORD, FL 32771		
TITLE TDD	JOHNSON, ASHLEY <input type="checkbox"/> Delete 1401 W SEMINOLE BLVD SANFORD, FL 32771	TITLE VICE-PRES.	Rodney Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 W. Seminole Blvd. SANFORD, FL 32771		
TITLE PDD	SMITH, RODNEY <input type="checkbox"/> Delete 1401 W SEMINOLE BLVD SANFORD, FL 32771	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-15-04 <small>Date Daytime Phone #</small>			