
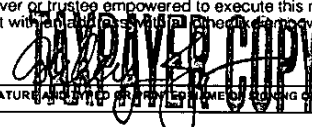


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90056 030 ****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 RONALD REAGAN BLVD 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELGADO, DAVID C 1632 N RONALD REAGAN BLV LONGWOOD, FL 32750				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, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, ASHWIN		NAME		
STREET ADDRESS	1403 MEDICAL PLAZA DR, STE 106		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	TDD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ASHLEY		NAME		
STREET ADDRESS	1401 W SEMINOLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RODNEY		NAME		
STREET ADDRESS	1401 W SEMINOLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a change of name or address.					
SIGNATURE: _____				Ashley Johnson 2/5/06	
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		Date		Daytime Phone #	