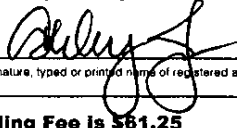
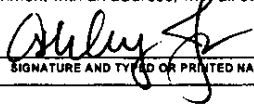


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 047 ****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 - No P.O. Box #		3. Mailing Address 1672 N. Ronald Reagan Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Longwood, FL		4. FEI Number 59-2437120	
Zip 32750		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, DAVID C 1632 N RONALD REAGAN BLV LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Delgado, David C Street Address (P.O. Box Number is Not Acceptable) 1672 N. Ronald Reagan Blvd. City Longwood FL Zip Code 32750		
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  4/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, ASHWIN <input type="checkbox"/> Delete 1403 MEDICAL PLAZA DR, STE 106 SANFORD, FL 32771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD JOHNSON, ASHLEY <input type="checkbox"/> Delete 1401 W SEMINOLE BLVD SANFORD, FL 32771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RODNEY <input type="checkbox"/> Delete 1401 W SEMINOLE BLVD SANFORD, FL 32771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.					
SIGNATURE:  4/3/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40038940



01232007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name
Delgado, David C
Street Address (P.O. Box Number is Not Acceptable)
1672 N. Ronald Reagan Blvd.
City Longwood FL Zip Code 32750

4/3/07

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

P
PATEL, ASHWIN ☐ Delete
1403 MEDICAL PLAZA DR, STE 106
SANFORD, FL 32771

TDD
JOHNSON, ASHLEY ☐ Delete
1401 W SEMINOLE BLVD
SANFORD, FL 32771

VP
SMITH, RODNEY ☐ Delete
1401 W SEMINOLE BLVD
SANFORD, FL 32771

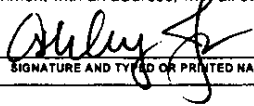
☐ Delete

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 an address, with all other like empowered.

SIGNATURE:  **4/3/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR