


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766571</b>	
1. Entity Name <b>SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1403 MEDICAL PLAZA DRIVE SANFORD, FL 32771</b>	Mailing Address <b>1672 NORTH RONALD REAGAN BLVD LONGWOOD, FL 32750</b>
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01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2437120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>DELGADO, DAVID C 1672 N RONALD REAGAN BLV LONGWOOD, FL 32750</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000932440</b> <b>02/27/08-80059-013 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, ASHWIN 1403 MEDICAL PLAZA DR, STE 106 SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDD JOHNSON, ASHLEY 1401 W SEMINOLE BLVD SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SMITH, RODNEY 1401 W SEMINOLE BLVD SANFORD, FL 32771</b>
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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:**  **David C. DELGADO** **2/11/08** **407.834.4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #