## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766571** 

FILED Apr 07, 2009 Secretary of State

Entity Name: SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1403 MEDICAL PLAZA DRIVE SANFORD, FL 32771

**Current Mailing Address:** 

1672 NORTH RONALD REAGAN BLVD

LONGWOOD, FL 32750

FEI Number: 59-2437120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELGADO, DAVID C 1672 N RONALD REAGAN BLV LONGWOOD, FL 32750

DELGADO, DAVID MGR 1672 N. RÓNALD REAGAN BLVD LONGWOOD, FL 32750

1672 N. RONALD REAGAN BLVD

**New Mailing Address:** 

LONGWOOD, FL 32750

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.

Name:

SIGNATURE: DAVID C. DELGADO

04/07/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

() Delete PATEL, ASHWIN

Name: Address:

1403 MEDICAL PLAZA DR, STE 106

City-St-Zip: SANFORD, FL 32771

Title: TDD () Delete JOHNSON, ASHLEY Name: Address: 1401 W SEMINOLE BLVD

City-St-Zip: SANFORD, FL 32771 Title: () Delete SMITH, RODNEY Name:

1401 W SEMINOLE BLVD Address: City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

STRINGER, NEIL Address: 1403 MEDICAL PLAZA DR, STE 100

SANFORD, FL 32771 City-St-Zip:

Title: (X) Change ( ) Addition

BRANDON, WENDY Name: Address: 1401 W SEMINOLE BLVD City-St-Zip: SANFORD, FL 32771

Title: (X) Change ( ) Addition

Name: YOUNG, RUSS

1401 W SEMINOLE BLVD Address: City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID C. DELGADO MGR 04/07/2009