

FILED

Jul 10, 2003 8:00 am  
Secretary of State

05-05-2003 90375 033 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 766571 ✓

1. Entity Name

SANFORD PROFESSIONAL MEDICAL CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business  
1403 MEDICAL PLAZA DRIVE  
SANFORD FL 32771Mailing Address  
1632 NORTH COUNTRY ROAD 427  
LONGWOOD FL 32750

55050801

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-2437120 ✓

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

SMITH, RODNEY  
1401 W SEMINOLE BLVD  
SANFORD FL 32771Name David C. Delgado  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Park Avenue Leasing & Mgt  
1632 North County Road 427  
City Longwood, FL 32750 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

DAVID C. DELGADO

4/29/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HUAMAN, GONZALO ☐ Delete  
STREET ADDRESS 1403 MEDICAL PLAZA DR  
CITY-ST-ZIP SANFORD FL 32771TITLE VP ☒ Change ☐ Addition  
NAME HUAMAN, GONZALO  
STREET ADDRESS 1403 Medical Plaza Dr.  
CITY-ST-ZIP Sanford, FL 32771TITLE VD ☐ Delete  
NAME JOHNSON, ASHLEY  
STREET ADDRESS 1401 W SEMINOLE BLVD  
CITY-ST-ZIP SANFORD FL 32771TITLE TD ☒ Change ☐ Addition  
NAME JOHNSON, ASHLEY  
STREET ADDRESS 1401 W. Seminole Blvd.  
CITY-ST-ZIP Sanford, FL 32771TITLE TD ☐ Delete  
NAME SMITH, RODNEY  
STREET ADDRESS 1401 W SEMINOLE BLVD  
CITY-ST-ZIP SANFORD FL 32771TITLE PD ☒ Change ☐ Addition  
NAME SMITH, RODNEY  
STREET ADDRESS 1401 W. Seminole Blvd.  
CITY-ST-ZIP Sanford, FL 32771TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

ASHLEY JOHNSON

4/29/03

407.321.4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)