FILED
May 28, 2004 8:00 am
Secretary of State

04-13-2004 90041 022 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002261

1. Entity Name
REBECCA LANE MEDICAL SUITES CONDOMINIUM ASSOCIATION, INC.

66424853

Principal Place of Business	Mailing Address
% 53 N. OLD KINGS ROAD, SUITE C ORMOND BEACH, FL 32174	% 53 N. OLD KINGS ROAD, SUITE C ORMOND BEACH, FL 32174

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2720 Rebeccalane	
Suite, Apt. #, etc. #101	Suite, Apt. #, etc.
City & State Orange City FL	City & State
Zip 32763 Country USA	Zip Country

4. FEI Number 20-1126853 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALIK, VINOD K
53 N. OLD KINGS ROAD, SUITE C
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name Uday Chauhan
Street Address (P.O. Box Number is Not Acceptable)
2720, Rebecca Lane, #101
City Orange City FL Zip Code 32763

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 [signature] 4/7/04
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	Uday Chauhan 2720, Rebecca Lane #101 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orange City FL 32763 President ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/7/04 386-456-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #