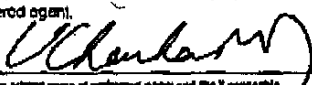
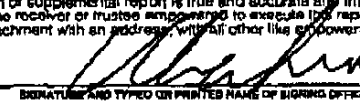


FILED
May 28, 2004 8:00 am
Secretary of State

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.			
Principal Place of Business % 53 N. OLD KINGS ROAD, SUITE C ORMOND BEACH, FL 32174		Mailing Address % 53 N. OLD KINGS ROAD, SUITE C ORMOND BEACH, FL 32174	
2. Principal Place of Business 2720 Rebecca Lane		3. Mailing Address	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.	
City & State Orange City FL		City & State	
Zip 32763		Country USA	
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 Uday Chauhan 2720, Rebecca Lane, #101 Orange City FL 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:  4/7/04 (Signature, typed or printed name of registering agent and filer is acceptable. (NOTE: Registered Agent Signature required when re-registering))			
Filing Fee is \$81.25 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 Orange City FL 32763 President		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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(2)(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, in an attachment with an address, with all other like empowered.			
SIGNATURE:  4/7/04 386-458-5159		Date Filed Daytime Phone #	