


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03253 1. Entity Name MEDICAL TIME PROFESSIONAL CONDOMINIUM, INC.	
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Principal Place of Business 7050 N.W. 4TH STREET PLANTATION, FL 33317	Mailing Address 7050 N.W. 4TH STREET PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**JANCKO, JOEL
7050 NW 4TH ST
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHIRINOS, RODOLFO A 7050 NW 4 STR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA, ROBERTO 7050 NW 4 STR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHONG, GRACIELA 7050 NW 4TH ST STE 206 PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000356506
05/04/05-80037-011 70.00

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IN THIS SPACE**

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:  **TD** **4/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #