2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N03253

1. Entity Name
MEDICAL TIME PROFESSIONAL CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
7050 N.W. 4TH STREET PLANTATION, FL 33317	7050 N.W. 4TH STREET PLANTATION, FL 33317

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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000482955
04/11/06-80097-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHIRINOS, RODOLFO A
STREET ADDRESS	7050 NW 4 STR
CITY-ST-ZIP	PLANTATION, FL
TITLE	SD
NAME	RIVERA, ROBERTO
STREET ADDRESS	7050 NW 4 STR
CITY-ST-ZIP	PLANTATION, FL
TITLE	TD
NAME	CHONG, GRACIELA
STREET ADDRESS	7050 NW 4TH ST STE 206
CITY-ST-ZIP	PLANTATION, FL
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RC Chirinos MD 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #