

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N03253

1. Entity Name
MEDICAL TIME PROFESSIONAL CONDOMINIUM, INC.



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

Mailing Address
**7050 N.W. 4TH STREET
PLANTATION, FL 33317**



08242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000773196
09/05/07-80001-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHIRINOS, RODOLFO A 7050 NW 4 STR PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIVERA, ROBERTO 7050 NW 4 STR PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHONG, GRACIELA 7050 NW 4TH ST STE 206 PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/07
Date

(94) 587-0257
Daytime Phone #