Apr 21 05 01:17p Cheryl Amirzadeh 4

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90346 037 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005406

1. Entity Name
SOUTH ORANGE MEDICAL CENTER CONDO ASSOCIATION, INC.

20049014

Principal Place of Business	Mailing Address
7575 KINGSPOINTE PKWY STE 09 ORLANDO, FL 32819	7575 KINGSPOINTE PKWY STE 09 ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

91272005 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2467463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARVALHO, ENIO
7575 KINGSPOINTE PKWY
STE 09
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name DR. Paul Archelus DDS

Street Address (P.O. Box Number is Not Acceptable) 7785 S. ORT Suite E

City Orlando FL Zip Code 32837

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 Paul C. Archelus DDS

Filing Fee is $61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fee	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	DP BARINAS FROILAN DR DDS 7576 KINGSPOINTE PKWY ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BELLOS, ANDRES DR DDS 7575 KINGSPOINTE PKWY ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OS CARVALHO, ENIO 7575 KINGSPOINTE PKWY ORLANDO, FL 32819	☐ 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
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: Paul C. Archelus DDS

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date