

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 014 ****61.25

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|---|--|--|---|--|--|
| DOCUMENT # N04000005406 | | | | | |
| 1. Entity Name SOUTH ORANGE MEDICAL CENTER CONDO ASSOCIATION, INC. | | | | | |
| Principal Place of Business 105 E. ROBINSON STREET SUITE 540 ORLANDO, FL 32801 | | | Mailing Address 105 E. ROBINSON STREET SUITE 540 ORLANDO, FL 32801 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2467463 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHEN, JOSEPH 3010 LAZLO AVENUE ORLANDO, FL 32837 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 D NAME QURESHI, TAKIRA STREET ADDRESS 11183 S. ORANGE BLOSSOM TRAIL, STE. A CITY-ST-ZIP ORLANDO, FL 32837 | <input type="checkbox"/> Delete | | TITLE Director NAME Mr. Rick Hernandez and Dr. Emily Vives, MD STREET ADDRESS 11183 S. Orange Blossom Trail, Ste D CITY-ST-ZIP Orlando, FL 32837 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE BD NAME AGUSTIN, SALCE STREET ADDRESS 649 LAKE BISCAYNE WAY CITY-ST-ZIP ORLANDO, FL 32824 | <input checked="" type="checkbox"/> Delete | | TITLE Director NAME Ninghin Kwok STREET ADDRESS 11183 S. Orange Blossom Trail, Ste G CITY-ST-ZIP Orlando, FL 32837 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE BD NAME ASCHACHER, PAUL C DDS STREET ADDRESS 11183 S. ORANGE BLOSSOM TRAIL, STE. E CITY-ST-ZIP ORLANDO, FL 32837 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE P NAME CHEN, JOSEPH STREET ADDRESS 3010 LAZLO LANE CITY-ST-ZIP ORLANDO, FL 32837 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Joseph Chen</i> | | | 2/28/07 407-9689905 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |