

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005406

FILED  
Jul 10, 2008  
Secretary of State

**Entity Name:** SOUTH ORANGE MEDICAL CENTER CONDO ASSOCIATION, INC.

## Current Principal Place of Business:

105 E. ROBINSON STREET  
SUITE 540  
ORLANDO, FL 32801

## New Principal Place of Business:

11183 S. ORANGE BLOSSOM TRAIL  
SUITE 18-E  
ORLANDO, FL 32837

## Current Mailing Address:

105 E. ROBINSON STREET  
SUITE 540  
ORLANDO, FL 32801

## New Mailing Address:

4502 SW 35TH STREET  
SUITE 200  
ORLANDO, FL 32811

**FEI Number:** 56-2467463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CHEN, JOSEPH  
3010 LAZLO AVENUE  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

ASCHACHER, PAUL DR.  
11183 S. ORANGE BLOSSOM TRAIL  
SUITE 18-E  
ORLANDO, FL 32837 US

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.

SIGNATURE: PAUL ASCHACHER

07/10/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: QURESHI, TAKIRA  
Address: 11183 S. ORANGE BLOSSOM TRAIL, STE. A  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: HERNANDEZ, RICK  
Address: 11183 S. ORANGE BLOSSOM TR., STE D  
City-St-Zip: ORLANDO, FL 32837

Title: BD ( ) Delete  
Name: ASCHACHER, PAUL C DDS  
Address: 11183 S. ORANGE BLOSSOM TRAIL, STE. E  
City-St-Zip: ORLANDO, FL 32837

Title: P ( ) Delete  
Name: CHEN, JOSEPH  
Address: 3010 LAZLO LANE  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: KWOK, NINGHIN  
Address: 11183 S. ORANGE BLOSSOM TR., STE G  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: VIVES, EMILY MD  
Address: 11183 S. ORANGE BLOSSOM TR., STE D  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ASCHACHER, PAUL C DDS  
Address: 11183 S. ORANGE BLOSSOM TRAIL, STE. E  
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition  
Name: CHEW, H  
Address: 539 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition  
Name: KWOK, HINGHIN  
Address: 11183 S. ORANGE BLOSSOM TR., STE G  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ASCHACHER

D

07/10/2008

Electronic Signature of Signing Officer or Director

Date