2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N04000005406

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4502 SW 35TH STREET
SUITE 200
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 56-2467463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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:	P	( ) Delete
Name:	ASCHACHER, PAUL C DDS	
Address:	11183 S. ORANGE BLOSSOM TRAIL,STE. E	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	CHEW, H	
Address:	539 N. MILLS AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	KWOK, HINGHIN	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR. PAUL ASCHACHER PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date