

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005406

FILED  
Jan 19, 2011  
Secretary of State

**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:**

ASCHACHER, PAUL C DDS  
4502 35TH STREET  
SUITE 200  
ORLANDO, FL 32811 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 C ASCHACHER

01/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL ASCHACHER

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date