

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003556

FILED  
Jan 27, 2006  
Secretary of State

**Entity Name:** SACRED HEART AMBULATORY CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5153 N. 9TH AVENUE  
SUITE 200  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5153 N. 9TH AVENUE  
SUITE 200  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: JOHNSON, JAMES M  
Address: 2204 LAKESHORE DRIVE, SUITE 215  
City-St-Zip: BIRMMINGHAM, AL 35209

Title: D ( ) Delete  
Name: LOWE, RICK  
Address: 5151 N. NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: NALL, TAMMY  
Address: 5151 N. NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. RODEN JR.

CONT

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date