
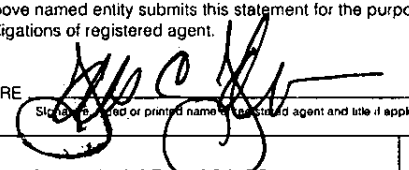
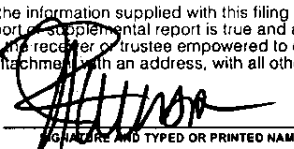


2006 ⁷ NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # N05000011747						FILED 07 JAN -2 AM 9: 16 DEPT OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name DELEON MEDICAL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 2835 WEST DELEON STREET TAMPA, FL 33609			
2. Principal Place of Business				3. Mailing Address 2835 WEST DELEON STREET TAMPA, FL 33609			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent JACOB, JAMES C 115 ALBANY AVENUE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name: James C. Jacob, CCIM Street Address (P.O. Box Number is Not Acceptable): 607 W. Bay Street City: Tampa, FL 33606 State: 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: 				DATE: 12/22/06			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLENEC, GARY J 112 SOUTH 12TH STREET #D TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, JUAN, DR. 2835 W. DeLeon St. #101 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, GREGORY P 5026 TRENTON STREET TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORMOIS, JOHN, DR. 2835 W. DeLeon St., #104 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, SCOTT 5026 TRENTON STREET TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEBER, KATHLEEN, DR. 2835 W. DeLeon St., #201 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	200092918802 01/02/07--01060--002 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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: 				DATE: 12/22/06 Daytime Phone #: 254-4747			