

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 13, 2006
Secretary of State

DOCUMENT# N05385

Entity Name: PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1925 MIZELL AVE STE 104
WINTER PARK, FL 32792 US**New Principal Place of Business:****Current Mailing Address:**1925 MIZELL AVE STE 104
WINTER PARK, FL 32792 US**New Mailing Address:****FEI Number:** 59-2787775**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**PROPERTY FIRST, INC.
221 WALTON HEATH DRIVE
ORLANDO, FL 32828 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: BETH PALMER

11/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: DESPRES, BERNARD
Address: 1925 MIZELL AVE STE. 104
City-St-Zip: WINTER PARK, FL 32792**Title:** D () Delete
Name: GREENBERG, SCOTT MD
Address: 1925 MIZELL AVE., STE. 303
City-St-Zip: WINTER PARK, FL 32792**Title:** PD () Delete
Name: ALBRITON, JOHN MD
Address: 1925 MIZELL AVE., STE. 206
City-St-Zip: WINTER PARK, FL 32792**Title:** TD () Delete
Name: MICKLAUZINA, CONNIE MD
Address: 1925 MIZELL AVE STE. 205
City-St-Zip: WINTER PARK, FL 32792**Title:** D () Delete
Name: THOMPSON, MIKE
Address: 200 N LAKE MONT AVE
City-St-Zip: WINTER PARK, FL 32792**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DV (X) Change () Addition
Name: DESPRES, BERNARD
Address: 1925 MIZELL AVE STE. 104
City-St-Zip: WINTER PARK, FL 32792**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 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. GREENBERG

D

11/13/2006

Electronic Signature of Signing Officer or Director

Date