2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# N05859

Entity Name: SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

521 W. STATE ROAD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 522376
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-2535735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORRIS, THOMAS A DPM
521 W. STATE ROAD 434, STE 300
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

JANKAUSKAS, SAULIUS J MD
521 W. STATE ROAD 434, STE 106
LONGWOOD, FL 32750 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: S. JANKAUSKAS, MD 10/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: RYAN, JOHN F. M.D.
Address: 521 W. STATE ROAD 434, SUITE 308
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: WIESE, JON MD
Address: 521 W STATE RD 434, STE 305
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete
Name: NORRIS, THOMAS
Address: 521 W STATE RD 434 STE 300
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: JANKAUSKAS, SAULIUS J MD
Address: 521 W STATE RD 434 STE 106
City-St-Zip: LONGWOOD, FL 32750

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: S. JANKAUSKAS, MD MD 10/17/2006
Electronic Signature of Signing Officer or Director Date