

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05859

FILED  
Jan 15, 2007  
Secretary of State

**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 ( )**

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

JANKAUSKAS, SAULIUS J MD  
521 W. STATE ROAD 434, STE 106  
LONGWOOD, FL 32750 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: STD ( ) Delete  
Name: RYAN, JOHN F. M.D.  
Address: 521 W. STATE ROAD 434, SUITE 308  
City-St-Zip: LONGWOOD, FL 32750

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

Title: PD ( ) Delete  
Name: JANKAUSKAS, SAULIUS J MD  
Address: 521 W STATE RD 434 STE 106  
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: ( ) 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: SAULIUS JANKAUSKAS

PD

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date