2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
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:

1180 SPRING CENTRE S. BLVD.
SUITE 102
ALTAMONTE SPRINGS, FL 32714 US

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: OLSEN, JUSTIN
Address: 555 W. STATE RD 434 - ADMINISTRATION
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:

I hereby certify that the information supplied with this filing does not qualify 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 P 04/13/2009

Electronic Signature of Signing Officer or Director — Date