

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05859

**FILED**  
**Apr 15, 2010**  
**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:**

1180 SPRING CENTRE S. BLVD.  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714 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  
**Name:** OLSEN, JUSTIN  
**Address:** 555 W. STATE RD 434 - ADMINISTRATION  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** PD  
**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 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 all other like empowered.

SIGNATURE: SAULIUS JANKAUSKAS

PD

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date