

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10846

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

770 DELTONA BLVD.  
SUITE B  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

770 DELTONA BLVD.  
SUITE B  
DELTONA, FL 32725 US

**New Mailing Address:**

**FEI Number:** 59-2584430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERMAN, RONALD N.  
770 DELTONA BLVD  
SUITE B  
DELTONA, FL 32725 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: PD  
Name: SILVERMAN, RONALD N.  
Address: 770 DELTONA BLVD, SUITE B  
City-St-Zip: DELTONA, FL 32725

Title: STD  
Name: SILVERMAN, RENEE R.  
Address: 770 DELTONA BLVD, SUITE B  
City-St-Zip: DELTONA, FL 32725

Title: VD  
Name: MUNNS, RULON D.  
Address: 770 DELTONA BLVD, SUITE C  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: MOORJANI, CHAMPA  
Address: 3156 HASSI POINT  
City-St-Zip: LONGWOOD, FL 32779

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: RONALD N SILVERMAN

PRES

03/18/2011

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

\_\_\_\_\_  
Date