

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000010995

**FILED**  
**Nov 04, 2012**  
**Secretary of State**

**Entity Name:** ORANGE CITY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2501 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

2575 S. VOLUSIA AVENUE  
UNIT 300  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2501 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

2575 S. VOLUSIA AVENUE  
UNIT 300  
ORANGE CITY, FL 32763

**FEI Number:** 45-4029670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KHAN, NISHAD ESQ.  
907 OUTER ROAD  
SUITE B  
ORLANDO, FL 32814 US

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

AHMED, SYED BILAL MD  
2575 SOUTH VOLUSIA AVENUE  
UNIT 300  
ORANGE CITY, FL 32763 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: SYED BILAL AHMED

11/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AHMED, SYED BILAL  
Address: 2575 S. VOLUSIA AVE, UNIT 300  
City-St-Zip: ORANGE CITY, FL 32763

Title: VP  
Name: AHMAD, SHAHID  
Address: 2575 S. VOLUSIA AVE, UNIT 300  
City-St-Zip: ORANGE CITY, FL 32763

Title: SEC  
Name: AHMED, SHAZIA  
Address: 2575 S. VOLUSIA AVE UNIT 300  
City-St-Zip: ORANGE CITY, FL 32763

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: SYED BILAL AHMED

P

11/04/2012

Electronic Signature of Signing Officer or Director

Date