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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21964** ✓ **(4)**

1. Corporation Name

SOUTH SEMINOLE MEDICAL OFFICE BUILDING CONDOMINI UM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1632 N. COUNTY RD. 427 LONGWOOD FL 32750 US	1632 N. COUNTY RD. 427 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: 08/10/1987

4. FEI Number: 59-2948471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 515 W. STATE ROAD 434	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LONGWOOD, FL	28 City & State
24 Zip: 32750 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PARK AVENUE LEASING & MANAGEMENT, INC.
~~1632~~ 1620 N. COUNTRY ROAD 427
~~SUITE 120~~
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1632 N. COUNTY ROAD 427
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GILES, O. ANDREW 515 W STATE RD 434 ST 105 LONGWOOD FL 32750	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD O. Andrew Giles M.D. 515 W. St. Rd. 434, St. 105 Longwood, FL 32750	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EVERLY, MICHELLE 555 W. STATE ROAD 434 LONGWOOD FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD MARK JONAS SSH/CFO 555 W. STATE Rd 434 Longwood, FL 32750	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIMM, STEVE 555 W STATE RD 434 LONGWOOD FL 32750	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD SUE HALLORAN SSH/Fac. Admin. 555 W. STATE Rd 434 Longwood, FL 32750	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/19/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013679