2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90273 034 ****61.25

DOCUMENT # N21964

1. Entity Name
SOUTH SEMINOLE MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC.

40086686

Principal Place of Business	Mailing Address
515 W. STATE ROAD 434 LONGWOOD, FL 32750 US	11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418

01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

DASCO COMPANIES LLC
3399 PGA BLVD STE 240
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name The DASCO Companies, LLC
Street Address (P.O. Box Number is Not Acceptable) 11360 Jog Road, suite 200
City Palm Beach Gardens FL Zip Code 33418

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILES, O. ANDREW M.D. 515 W. STATE ROAD 434, SUITE 307 LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tara Mercado 1720 South Orange Avenue, suite 501 Orlando, Florida 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALGANO, JAMES 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raquel Monge 1720 South Orange Avenue, suite 501 Orlando, Florida 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/17/06 407.422.3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #