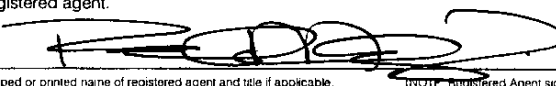
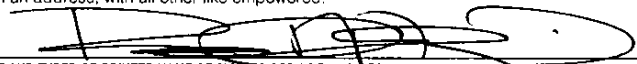


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 515 W. STATE ROAD 434 LONGWOOD, FL 32750 US			Mailing Address 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 1/17/06	
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 1710 South Orange Avenue, suite 501 Orlando, Florida 32806
		☒ Add		☐ 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 Rogell Moxley 1710 South Orange Avenue, suite 501 Orlando, Florida 32806
		☒ Add		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
		☐ Add		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
		☐ Add		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
		☐ Add		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/17/06 Daytime Phone # 407.422.3612	

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