

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N32467

1. Entity Name
**UNITED PROFESSIONAL OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US**

Mailing Address
**4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US**



02022006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2768995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRABHU, SUDHIR L MD
4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000477747
04/06/06-80063-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BHIDE, VASANT P 112 CYPRESS LANDING JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAURANG, SHAH 1301 RIVERBIRCH LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRABHU, SUDHIR L 2817 FOREST CIR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KHOSRAVI, HORMOZ 3265 FRONT RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEHZADI, FARAMARZ 3544 SUNNYSIDE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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.

S. L. Prabhu, M.D.

(904) 636-9100

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #