


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90176 045 \*\*\*\*61.25

DOCUMENT # N93000002137 1. Entity Name REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9195 SW 72ND ST MIAMI, FL 33173	Mailing Address P.O. BOX 330044 COCONUT GROVE, FL 33233
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03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0199843	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SACHER, CHARLES P  
 2655 LEJEUNE RD  
 SUITE 1101  
 CORAL GABLES, FL 33134

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	MUINA, BARBARA
STREET ADDRESS	9195 SW 72ND ST. #210
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	ST
NAME	LOMAN, JEFFREY
STREET ADDRESS	9195 S.W. 72ND ST. #210
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	DV
NAME	CARVAJAL, PEDRO
STREET ADDRESS	9195 S.W. 72ND ST. #100
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	LLANEZA, PEDRO
STREET ADDRESS	9195 S.W. 72ND ST. # 120
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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: Pedro Llaneza 3/25/04 (305) 613-5040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #