

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002137

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9195 SW 72ND ST  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 330044  
COCONUT GROVE, FL 33233

**New Mailing Address:**

FEI Number: 65-0199843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: MUINA, BARBARA  
Address: 9195 SW 72ND ST. #210  
City-St-Zip: MIAMI, FL 33173

Title: ST  
Name: LOMAN, JEFFREY  
Address: 9195 S.W. 72ND ST. #210  
City-St-Zip: MIAMI, FL 33173

Title: DV  
Name: CARVAJAL, PEDRO  
Address: 9195 S.W. 72ND ST. #100  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: LLANEZA, PEDRO  
Address: 9195 SW 72ND ST #120  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: PLASENCIA, GUSTAVO  
Address: 9195 SW 72ND ST 230  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA MUINA

DVP

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date