FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

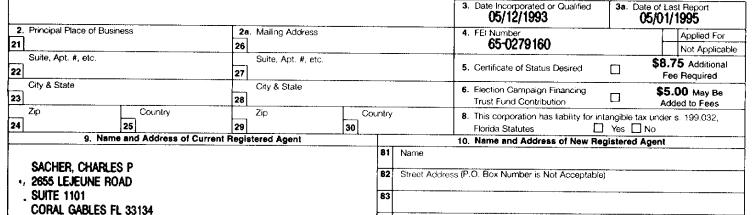
DIVISION OF CORPORATIONS . N93000002163 (4) DOCUMENT #

REGENCY MEDICAL OFFICES CONDOMINIUM ASSOCIATION.

INC. Principal Place of Business Mailing Address

9193 S.W. 72ND STREET MIAMI FL 33173

P. O. BOX 330044 COCONUT GROVE FL 33233



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

City 84

familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1 1 TITLE		Change	Addition	
NAME	DE VELASCO, RAUL E		1.2 NAME		ъ,		
STREET ADDRESS	9193 SW 72ND ST., SUITE 200		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CiTY+ST+ZiP				
TITLE	SVD	DELETE	21 TrTLE		Change	Addition	
NAME	PELLEGRINI, EDGARDO L		2 2 NAME		_ ,	_	
STREET ADDRESS	9193 SW 72ND ST., SUITE 200		2 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2 4 City-St-ZiP				
TITLE	VTD	DELETÉ	31 TITLE		Change	Addition	
NAME	BUSSE, JORGE		3 2 NAME			Lijingshon	
STREET ADDRESS	9193 SW 72ND ST., SUITE 200		33 STREET ADORESS				
CITY - ST - ZIP	MIAMI FL		34. CITY-ST-7IP				
TITLE		DELETE	41 TITLE		Change	Addition	
NAME			4 2 NAME		C.J Change		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CITY - ST - ZIP				
TITLE		DELETE	51 TITLE		Change	☐ Addition	
NAME			5 2 NAME '	200001877	132		
STREET ADDRESS			5.3 STREET ADDRESS	-06/26/9601130	028		
CITY-ST-ZIP			5 4 CITY - ST - ZIP	***81 . 25		ab	
TITLE		DELETE	61 TITLE		□ Chan∎e →	Addition	
NAME			6 2 NAME		706	^	
STREET ADDRESS			63 STREET ADDRESS		INON		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 concertion or the receiver or trusten emonwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12.

SIGNATURE:

Jorge Busse

4/29/96 (305)441-0892

Zip Code

CR2E037 (12/95)

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