FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N93000002163 (4)

Mailing Address

REGENCY MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.

9193 S.W. 72ND STREET P. O. BOX 330044 COCONUT GROVE FL 33233-0044 MIAMI FL 33173 Date Incorporated or Qualified 05/12/1993 3a. Date of Last Report 06/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Zip Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name SACHER, CHARLES P Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD 83 **SUITE 1101** CORAL GABLES FL 33134 84 City Zip Code 85 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6 13 12 DELETE 1.1 TITLE Change Addition TITLE DE VELASCO, RAUL E 1.2 NAME NAME 9193 SW 72ND ST., SUITE 200 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE PELLEGRINI, EDGARDO L 2.2 NAME NAME 9193 SW 72ND ST., SUITE 200 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 City-ST-7IP CITY-ST-ZIP Addition **VID** DELETE 3.1 TITLE Change TITLE BUSSE, JORGE 32 NAME NAME 9193 SW 72ND ST., SUITE 200 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TIME 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address. RAUL E. JE VELAGO

8.4 CITY-ST-ZIP