


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002163
 1. Entity Name
REGENCY MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 9193 S.W. 72ND STREET
 MIAMI, FL 33173

Mailing Address
 P. O. BOX 330044
 COCONUT GROVE, FL 33233 US



02042004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-0279160

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

000000117605

04/19/04-80027-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE VELASCO, RAUL E 9193 SW 72ND ST., SUITE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PELLEGRINI, EDGARDO L 9193 SW 72ND ST., SUITE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUSSE, JORGE 9193 SW 72ND ST., SUITE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jorge Busse **JORGE BUSSE** 4/15/04 (305) 643-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #