


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 9193 S.W. 72ND STREET      P. O. BOX 330044  
 MIAMI, FL 33173              COCONUT GROVE, FL 33233 US

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0279160      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

1109000327672  
 114/25/05-80046-024 61.25

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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)(f), 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      4/19/05 (305) 643-5010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 OFFICER