


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002163 1. Entity Name REGENCY MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9193 S.W. 72ND STREET MIAMI, FL 33173	Mailing Address P. O. BOX 330044 COCONUT GROVE, FL 33233 US
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0279160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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 IN THIS SPACE

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

U00000726018
 05/03/07-80046-003 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 exemptions contained in Chapter 119, 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:  EDGARDO L. PELLEGRINI 305-643-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/07 Daytime Phone # _____