


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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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**DO NOT WRITE IN THIS SPACE**

02122008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2008**

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

1000000915591  
 05/09/08-80013-011 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	

**DO NOT WRITE IN THIS SPACE**

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: Jorge Busse Date: 4/15/08 (304) 643-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #