

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002163

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** REGENCY MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9193 S.W. 72ND STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0279160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DE VELASCO, RAUL E  
Address: 9193 SW 72ND ST., SUITE 200  
City-St-Zip: MIAMI, FL

Title: SVD  
Name: PELLEGRINI, EDGARDO L  
Address: 9193 SW 72ND ST., SUITE 200  
City-St-Zip: MIAMI, FL

Title: VTD  
Name: BUSSE, JORGE  
Address: 9193 SW 72ND ST., SUITE 200  
City-St-Zip: MIAMI, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE BUSSE

VTD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date