

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90603 029 \*\*\*\*61.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0279160**

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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DE VELASCO, RAUL E</b>	
STREET ADDRESS	<b>9193 SW 72ND ST., SUITE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>PELLEGRINI, EDGARDO L</b>	
STREET ADDRESS	<b>9193 SW 72ND ST., SUITE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>BUSSE, JORGE</b>	
STREET ADDRESS	<b>9193 SW 72ND ST., SUITE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIG. REQUIRED JORGE BUSSE 4/15/03 (305) 413-5040**

CR2E037 (10/02)