

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72885** (4)

1. Corporation Name
REGENCY MEDICAL PROPERTIES, INC.

Principal Place of Business Mailing Address
9193 S.W. 72ND STREET **9193 S.W. 72ND STREET**
STE. 200 **STE. 200**
MIAMI FL 33173 **MIAMI FL 33173**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **08/13/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0279160** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **DEVALASCO, RAUL E.**
STREET ADDRESS **9193 S.W. 72ND STREET, STE. 200**
CITY - ST - ZIP **MIAMI FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **DVP**
NAME **PELLEGINI, EDGARDO L.**
STREET ADDRESS **9193 S.W. 72ND STREET, STE. 200**
CITY - ST - ZIP **MIAMI FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **S**
NAME **BUSSE, JORGE C.**
STREET ADDRESS **9193 S.W. 72ND STREET, STE. 200**
CITY - ST - ZIP **MIAMI FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **T**
NAME **BASSE, JORGE C.**
STREET ADDRESS **9193 S.W. 72ND STREET, STE. 200**
CITY - ST - ZIP **MIAMI FL**

41 TITLE Change Addition
42 NAME **Busse, Jorge C.**
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed upon an attachment with an affidavit.

SIGNATURE: *Jorge C. Basse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Signature) (Typed Name)