

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002137

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC7810633260**

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

**Current Principal Place of Business:**

9195 SW 72ND ST  
MIAMI, FL 33173

**Current Mailing Address:**

P.O. BOX 330044  
COCONUT GROVE, FL 33233

**FEI Number: 65-0199843**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title DVP  
Name MUINA, BARBARA  
Address 9195 SW 72ND ST. #210  
City-State-Zip: MIAMI FL 33173

Title ST  
Name LOMAN, JEFFREY  
Address 9195 S.W. 72ND ST. #210  
City-State-Zip: MIAMI FL 33173

Title DV  
Name CARVAJAL, PEDRO  
Address 9195 S.W. 72ND ST. #100  
City-State-Zip: MIAMI FL 33173

Title D  
Name LLANEZA, PEDRO  
Address 9195 SW 72ND ST #120  
City-State-Zip: MIAMI FL 33173

Title D  
Name PLASENCIA, GUSTAVO  
Address 9195 SW 72ND ST 230  
City-State-Zip: MIAMI FL 33173

*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: BARBARA MUINA**

**DVP**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date