

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002163

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC5664392991**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0279160**

**Certificate of Status Desired: No**

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

SACHER, CHARLES P  
2655 LEJEUNE ROAD  
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 PD  
Name DE VELASCO, RAUL E  
Address 9193 SW 72ND ST., SUITE 200  
City-State-Zip: MIAMI FL

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

Title VTD  
Name BUSSE, JORGE  
Address 9193 SW 72ND ST., SUITE 200  
City-State-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: RAUL E. DE VELASCO**

**PD**

**03/30/2016**

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

\_\_\_\_\_  
Date