

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72885

**Entity Name:** REGENCY MEDICAL PROPERTIES, INC.

**Current Principal Place of Business:**

9193 S.W. 72ND STREET  
STE. 200  
MIAMI, FL 33173

**Current Mailing Address:**

9193 S.W. 72ND STREET  
STE. 200  
MIAMI, FL 33173 US

**FEI Number:** 65-0279160

**Certificate of Status Desired:** No

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

BUSSE, JORGE C  
9193 SUNSET DRIVE  
SUITE 200  
MIAMI, FL 33173 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:** JORGE C. BUSSE

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name DE VELASCO, RAUL E  
Address 9193 S.W. 72ND STREET, STE. 200  
City-State-Zip: MIAMI FL 33173

Title DVP  
Name PELLEGINI, EDGARDO L.  
Address 9193 S.W. 72ND STREET, STE. 200  
City-State-Zip: MIAMI FL 33173

Title S  
Name BUSSE, JORGE C.  
Address 9193 S.W. 72ND STREET, STE. 200  
City-State-Zip: MIAMI FL 33173

Title T  
Name BUSSE, JORGE C  
Address 9193 S.W. 72ND STREET, STE. 200  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JORGE C BUSSE

SECRETARY

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date