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UNIVERSITY COMMUNITY MEDICAL CENTER CONDOMINIUM, INC. Principal Place of Business 13801 BRUCE B DOWNS BLVD #307 1AMPA FL 30813 If above addresses are incorract in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. New Principal Office Address, If Applicable 6. Suite, Apt. #, etc. 6. FEI Number 7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director 7. Names and Street Addresses of Each Officer and/or Director 8. Street Address of Each Officer and/or Director 9. CRY / State 13801 BRUCE B DOWNS BLVD 13801 BRUCE B D	5: 13 STATE A LORIDA
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BURKE, MOIRA J. M 13801 BRUCE B DOWNS BLVD TAMPA FL * TS 8. Name and Address of Current Registered Agent Name MOLLOY, RICHARD P., M.D. **Street Address of Polymbra in Not Acceptable)	
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MOLLOY, RICHARD P., M.D.	
MOLLOY, RICHARD P., M.D.	
13801 BRUCE B DOWNS BLVD, STE 202	6680
TAKIDA PLANOKA	2212
TAMPA FL 33613 -12/22/990 City ****23656	01073018 2444-236.25
10. I, being appointed the registered agent of the above proved corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date	79
11. I certify that I am anyofficer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further os this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	1, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Date	92/-0/95 lime Phone #