

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90070 001 ****61.25

DOCUMENT # 737085 ✓

1. Entity Name

UNIVERSITY COMMUNITY MEDICAL CENTER
CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#307 13801 BRUCE B. DOWNS BLVD. #307

3. Mailing Address

#307 13801 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

#307

Suite, Apt. #, etc.

#307

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2012057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RICHARD P. MOLLOY, M.D.

Street Address (P.O. Box Number is Not Acceptable)

13801 BRUCE B. DOWNS BLVD.

#202

City

TAMPA

FL

Zip Code

33613

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JOHN HISAMOTO
13801 BRUCE B. DOWNS BLVD #303
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V-PRESIDENT
EDWARD HOMAN, M.D.
13801 BRUCE B. DOWNS BLVD #404
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
PHILLIP ANDERSON, M.D.
13801 BRUCE B. DOWNS BLVD 504
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
MOIRA BURKE
13801 BRUCE B. DOWNS BLVD #301
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

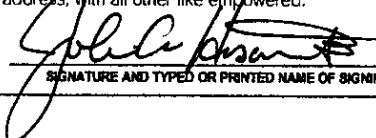
TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



JOHN HISAMOTO

4/28/02

(813) 979-4819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)