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	3. Mailing Address
13801 BRUCE B. DOWNS BLVD. #307	13801 BRUCE B. DOWNS BLVD. #307
Suite, Apt. #, etc. #307	Suite, Apt. #, etc. #307
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33613 Country USA	Zip 33613 Country USA

DO NOT WRITE IN THIS SPACE

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

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 $61.25
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 #506 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOMA, BRUCE DIRECTOR 13801 BRUCE B. DOWNS BLVD #301 TAMPA, FL 33613
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CR2E037B (12/01)

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: [signature] JOHN HISAMOTO 4/28/02 (813) 979-4819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #