2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90063 003 ****61.25

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1. Entity Name
UNIVERSITY COMMUNITY MEDICAL CENTER CONDOMINIUM, INC.

24007348

Principal Place of Business	Mailing Address
13801 BRUCE B DOWNS BLVD #307 TAMPA, FL 33613	13801 BRUCE B DOWNS BLVD #307 TAMPA, FL 33613

01222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2012057
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLOY, RICHARD P M.D.
13801 BRUCE B DOWNS BLVD #202
TAMPA, FL 33613

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~HISAMOTO, JOHN A PT/ATC~~ DR. THOMAS TRUNNELL
STREET ADDRESS	13801 BRUCE B. DOWNS BLVD. ~~#306~~ #306
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	~~S~~ VP
NAME	~~HOMAN, EDWARD, M.D.~~ DR. PAUL WINTERS
STREET ADDRESS	13801 BRUCE B DOWNS BLVD ~~#401~~ #401
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	~~SE~~ SEC/TREAS
NAME	~~ANDERSEN, PHILIP M~~ DR. JOEL SILVERFIELD
STREET ADDRESS	13801 BRUCE B DOWNS BLVD ~~#406~~ #406
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	~~D~~ DIRECTOR
NAME	~~BURKE, MOIRA J. M.~~ DR. ROGER FOX
STREET ADDRESS	13801 BRUCE B DOWNS BLVD ~~#502~~ #502
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DIRECTOR
NAME	JOHN HISAMOTO
STREET ADDRESS	13801 BRUCE B. DOWNS BLVD. # 303
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DIRECTOR
NAME	DR. PHILLIP ANDERSEN
STREET ADDRESS	13801 BRUCE B. DOWNS BLVD. # 506
CITY-ST-ZIP	TAMPA, FL 33613

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas N. Trunnell, 1-29-04, 813-971-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: PRES. — Date — Daytime Phone #