

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737085

FILED
Apr 17, 2006
Secretary of State

Entity Name: UNIVERSITY COMMUNITY MEDICAL CENTER CONDOMINIUM, INC.

Current Principal Place of Business:

13801 BRUCE B DOWNS BLVD #307
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13801 BRUCE B DOWNS BLVD #307
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2012057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRUNNEL, THOMAS DR
Address: 13801 BRUCE B DOWNS BLVD #306
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: WINTERS, PAUL DR
Address: 13801 BRUCE B DOWNS BLVD #401
City-St-Zip: TAMPA, FL 33613

Title: ST () Delete
Name: SILVERFIELD, JOEL DR
Address: 13801 BRUCE B DOWNS BLVD #406
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: FOX, ROGER DR
Address: 13801 BRUCE B DOWNS BLVD #502
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: HISAMOTO, JOHN
Address: 13801 BRUCE B DOWNS BLVD #303
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: ANDERSEN, PHILLIP DR
Address: 13801 BRUCE B DOWNS BLVD #506
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TRUNNELL

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date