

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 047 ****61.25

DOCUMENT # 737085	
1. Entity Name UNIVERSITY COMMUNITY MEDICAL CENTER CONDOMINIUM, INC.	

Principal Place of Business 13801 BRUCE B DOWNS BLVD #307 TAMPA, FL 33613	Mailing Address 13801 BRUCE B DOWNS BLVD #307 TAMPA, FL 33613
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2012057	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOLLOY, RICHARD P M.D. 13801 BRUCE B DOWNS BLVD #202 TAMPA, FL 33613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUNNEL, THOMAS DR 13801 BRUCE B DOWNS BLVD #308 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTERS, PAUL DR 13801 BRUCE B DOWNS BLVD #401 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVERFIELD, JOEL DR 13801 BRUCE B DOWNS BLVD #406 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, ROGER DR 13801 BRUCE B DOWNS BLVD #502 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISAMOTO, JOHN 13801 BRUCE B DOWNS BLVD #303 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSEN, PHILLIP DR 13801 BRUCE B DOWNS BLVD #506 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Trunnel 4-15-07 83-908-2389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS TRUNNEL, M.D.

(Property Mgr)