

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 050 \*\*\*\*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



04082008 No Chg-NP CR2E037 (4/06)

**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

**6. Name and Address of Current Registered Agent**

MOLLOY, RICHARD P M.D.  
13801 BRUCE B DOWNS BLVD #202  
TAMPA, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUNNEL, THOMAS DR 13801 BRUCE B DOWNS BLVD #308 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTERS, PAUL DR 13801 BRUCE B DOWNS BLVD #401 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVERFIELD, JOEL DR 13801 BRUCE B DOWNS BLVD #406 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, ROGER DR 13801 BRUCE B DOWNS BLVD #502 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISAMOTO, JOHN 13801 BRUCE B DOWNS BLVD #303 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSEN, PHILLIP DR 13801 BRUCE B DOWNS BLVD #506 TAMPA, FL 33613

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/08

(813)  
971-9743