

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012515

**DOCUMENT # 759962**

1. Entity Name:  
**COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.**



FILED

03 OCT 17 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**13701 BRUCE B. DOWNS BLVD.  
SUITE 111  
TAMPA FL 33613**

Mailing Address  
**13701 BRUCE B. DOWNS BLVD.  
SUITE 111  
TAMPA FL 33613**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**101**  
City & State  
**Tampa, FL**  
Zip  
**33613**

3. Mailing Address  
Suite, Apt. #, etc.  
**101**  
City & State  
**Tampa, FL**  
Zip  
**33613**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2445555** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**HOFFMAN, RICHARD A PHD  
13701 BRUCE B. DOWNS BLVD.  
SUITE 111  
TAMPA FL 33613**

7. Name and Address of New Registered Agent  
Name **Mc Gann, Albert M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**13701 Bruce B. Downs Blvd, #101**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **09/23/2003**

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, RICHARD A	
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD., #111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULAK, DAVID	
STREET ADDRESS	3000 FLETCHER AVE.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GELPI, MARGARITE	
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Gann, Albert	
STREET ADDRESS	13701 Bruce B. Downs Blvd., #101	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Leon	
STREET ADDRESS	13701 Bruce B. Downs Blvd, #113	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Canedo, Mario	
STREET ADDRESS	13701 Bruce B. Downs Blvd. #101	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** **10/10/03 813-971-2600**

CR2E037 (4/03)