

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737085

Entity Name: UNIVERSITY COMMUNITY MEDICAL CENTER CONDOMINIUM, INC.**FILED**
Apr 04, 2016
Secretary of State
CC9681055278**Current Principal Place of Business:**13801 BRUCE B DOWNS BLVD #307
TAMPA, FL 33613**Current Mailing Address:**13801 BRUCE B DOWNS BLVD #307
TAMPA, FL 33613**FEI Number: 59-2012057****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOPRESTO, CHRISTOPHER M.D.
13801 BRUCE B DOWNS BLVD #301
TAMPA, FL 33613 US*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**Officer/Director Detail :**

Title	P
Name	ELCHAHAL, SAMI DR
Address	13801 BRUCE B DOWNS BLVD #306
City-State-Zip:	TAMPA FL 33613

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

Title	VP
Name	LOPRESTO, CHRISTOPHER DR.
Address	13801 BRUCE B. DOWNS BLVD.
City-State-Zip:	TAMPA FL

Title	ST
Name	FOX, ROGER DR
Address	13801 BRUCE B DOWNS BLVD #406
City-State-Zip:	TAMPA FL 33613

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

Title	DR.
Name	HYATT, HENRY
Address	13801 BRUCE B DOWNS BLVD #307
City-State-Zip:	TAMPA FL 33613

I hereby 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 all other like empowered.

SIGNATURE: DR. CHRISTOPHER LOPRESTO**VP****04/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date