P.O. BOX 15	l ing Address: 570 L, FL 34604 US			
FEI Number: 59-3087231			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
PROFESSIONA 13452 BOLTON SPRING HILL, I				
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	Florida.
SIGNATURE: SUSAN K MACKERT				01/14/2015
				01/14/2010
	Electronic Signature of Registered Agent			Date
Officer/Dire				
Officer/Dire		Title	TREASURER	
	ctor Detail :	Title Name	TREASURER THOMAS, JOHN	
Title	ctor Detail : PRESIDENT			
Title Name	ctor Detail : PRESIDENT PATRIAS, TOM P.O. BOX 15570	Name Address	THOMAS, JOHN	
Title Name Address	ctor Detail : PRESIDENT PATRIAS, TOM P.O. BOX 15570	Name Address	THOMAS, JOHN P.O. BOX 15570	
Title Name Address City-State-Zip:	ctor Detail : PRESIDENT PATRIAS, TOM P.O. BOX 15570 SPRING HILL FL 34604	Name Address	THOMAS, JOHN P.O. BOX 15570	

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: TOM PATRIAS

City-State-Zip: SPRING HILL FL 34604

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/14/2015

Date

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43339

Entity Name: SEVEN HILLS COMMUNITY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13452 BOLTON COURT SPRING HILL, FL 34609

FILED Jan 14, 2015 **Secretary of State** CC3212352293