2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005
Secretary of State

DOCUMENT# 759962

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

Current Principal Place of Business:

13701 BRUCE B. DOWNS BLVD.
SUITE 101
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13701 BRUCE B. DOWNS BLVD.
SUITE 101
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2445555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGANN, ALBERT MD
13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCGANN, ALBERT
Address: 13701 BRUCE B. DOWNS BLVD., #106
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete
Name: MITCHELL, LEON
Address: 13701 BRUCE B. DOWNS BLVD. #113
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: CANEDO, MARIO
Address: 13701 BRUCE B. DOWNS BLVD. #101
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIO I CANEDO S 06/07/2005

Electronic Signature of Signing Officer or Director — Date