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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765343

1. Corporation Name

TARPON MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1501 ALT US 19 SO TARPON SPGS FL 34689 US	PO BOX 505 TARPON SPGS FL 34688 US

2. Principal Place of Business 21	2a. Mailing Address 26 1469 Ventnor Avenue	3. Date Incorporated or Qualifed 10/07/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2472186 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tarpon Springs FL 34689	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34689 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PIANO, ARTHUR
1501 ALT 19 SO
STE D
TARPON SPGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Joan Tobey
82 Street Address (P.O. Box Number is Not Acceptable): 1469 Ventnor Avenue
83
84 City: Tarpon Springs **FL** 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	TOBEY, DAVE		1.2 NAME	Starkey, Trey	
STREET ADDRESS	1501 ALT 19 S ,STE J		1.3 STREET ADDRESS	12959 SR 54	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	Odessa FL 33556	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	STARKEY, JAY B		2.2 NAME	Fairbanks, Donald	
STREET ADDRESS	12959 STATE RD 54		2.3 STREET ADDRESS	425 Mariner Drive	
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	TS	☐ DELETE	3.1 TITLE	TS	☐ Change ☐ Addition
NAME	TOBEY, JOAN		3.2 NAME	Hogan, William	
STREET ADDRESS	1501 ALT 19 SOUTH, SUITE J		3.3 STREET ADDRESS	2076 South Pointe Drive	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	Dunedin FL 34698	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-8-99 813/926 0499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #