2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 AM
Secretary of State

DOCUMENT# 765343

Entity Name: TARPON MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1501 ALT US 19 SO
TARPON SPGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1469 VENTNOR AVE
TARPON SPGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2472186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOBEY, JOAN
1469 VENTOR AVE
TARPON SPGS, FL 34689

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: PD ( ) Delete
Name: STARKEY, TREY
Address: 12959 SR 54
City-St-Zip: ODESSA, FL 33556

Title: VD ( ) Delete
Name: KAHANI, EDUABAL MD
Address: 1501 US ALT 19 S ATE B
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TS ( ) Delete
Name: HOGAN, WILLIAM
Address: 2076 S POINTE DR
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: KALANI MD, EQUABAL
Address: 1501 US ALT 19 SO SUITE B
City-St-Zip: TARPON SPRINGS, FL 34689

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:

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: TREY STRARKEY PD 04/16/2002

Electronic Signature of Signing Officer or Director — Date