

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765343

FILED
May 01, 2007
Secretary of State

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:

8249 KRISTEL CIR
C/O TAMPA BAY PROPERTY MGMT
PORT RICHEY, FL 34668 US

FEI Number: 59-2472186 **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:

TOBEY, JOAN
1469 VENTNOR AVE
TARPON SPGS, FL 34689 US

Name and Address of New Registered Agent:

MICK, JAMIE K
8249 KRISTEL CIR
C/O TAMPA BAY PROPERTY MGMT
PORT RICHEY, FL 34668 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: JAMIE K. MICK

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIRMOHAMMED, RAY G DR.
Address: 8709 BOYSENBERRY DRIVE
City-St-Zip: TAMPA, FL 33653

Title: VD () Delete
Name: TOBEY, DAVE
Address: 1469 VENTNOR AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TREA () Delete
Name: DALLMAN, JOHN DR.
Address: 1501 US ALT 19 S. SUITE C
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SEC () Delete
Name: TOBEY, JOAN
Address: 1469 VENTNOR AVENUE
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 exemption stated in Chapter 119, 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: JAMIE K. MICK

MGR

05/01/2007

Electronic Signature of Signing Officer or Director

Date