

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 026 ****61.25

DOCUMENT # 765343

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



Principal Place of Business

**1501 ALT US 19 SO
TARPON SPGS, FL 34689 US**

Mailing Address

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

40060651



02212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2472186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **SHIRMOHAMMED, RAY G DR.**
STREET ADDRESS **8209 BOYSENBERRY DRIVE**
CITY-ST-ZIP **TAMPA, FL 33653 33635**

TITLE VD
NAME **TOBEY, DAVE**
STREET ADDRESS **1469 VENTNOR AVENUE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE TREA
NAME **DALLMAN, JOHN DR.**
STREET ADDRESS **1501 US ALT 19 S. SUITE C**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE SEC
NAME **TOBEY, JOAN**
STREET ADDRESS **1469 VENTNOR AVENUE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Jamie K. Mick **4/3/08**