FROM :DRS ZAMORE,RABOW,LIPPELMAN FAX NO. :8138768561

Jan 24 06 03:57p CIMINELLI REAL ESTATE SVC

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Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90010 016 ****70.00

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 771108

1. Entity Name
MEMORIAL MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

40021611

Principal Place of Business	Mailing Address
2919 SWAN AVE. TAMPA FL 33609	3928 PREMIER NORTH DR. TAMPA FL 33618 US

01242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2479200 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Ciminelli Real Estate Services of Florida, LLC
~~CIMLINK REAL ESTATE SERVICES, L.C.~~
3928 PREMIER NORTH DR.
TAMPA, FL 33618

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETTYGROVE, ARTHUR		NAME	
STREET ADDRESS	2419 SWAN AVE, STE 400A		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WASYLIK, MICHAEL		NAME	
STREET ADDRESS	2919 SWANN AVE STE 102		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STAUFFER, JOHN		NAME	
STREET ADDRESS	2919 SWANN AVE STE 205		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VERKAUF, BARRY		NAME	
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPPELMAN, JOHN		NAME	
STREET ADDRESS	2919 SWANN AVE STE 203		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRANCH, WILLIAM T		NAME	
STREET ADDRESS	2919 SWANN AVE STE 303		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	

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.

JOHN LIPPELMAN, M.D.
2919 SWANN AVENUE
SUITE 203
TAMPA, FLORIDA 33609

SIGNATURE: ______________________ 1/24/06
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #