


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H88227 1. Entity Name HYDE PARK MEDICAL BUILDING, INC.	
--	---

Principal Place of Business
217 SOUTH CEDAR AVENUE
TAMPA, FL 33606

Mailing Address
217 SOUTH CEDAR AVENUE
TAMPA, FL 33606



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2613538	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, ALAN L. 217 S CEDAR AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERTS, W. MICHAEL 217 S CEDAR AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANDLER, KEITH W. 217 S CEDAR AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, DAVID A. 217 S CEDAR AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000371305
07/07/05-80012-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 607, 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 #

7/4/05

813 254 1578