

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 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**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2613538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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03/14/06-80037-012 150.00

**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 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

2/27/06

Date

813-254-1578

Daytime Phone #