

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 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



01292007 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, 2007 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

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: *DAVID A SOLOMON* **DAVID A SOLOMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 813-254-1578