2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1344



May 07, 2003 8:00 am § Secretary of State

1. Entity Nam PASCO M	IEDICAL PLAZA CONDOMIN	IIUM ASSOCIATION,	INC		0	95-07-2003 901	79 001 ****70.	00
Principal Place of Business 13100 FT. KING ROAD DADE CITY FL 33525		Mailing Address 13100 FT. KING ROAD DADE CITY FL 33525			-			
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
O'a . 8 Ct-4		City & State						
City & Stat		City & State			4. FEI Number 5	9-2433237	<u> </u>	ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Currer	nt Registered Agent			7. Name and Ade	dress of New Regis	stered Agent	
				Name				
CT CORPORATION SYSTEM 1200 S PINE ISLAND BLVD				Street Address	s (P.O. Box Number is	Not Acceptable)		
	10N FL 33324				 			
			-	City			FL Zip Coo	ie
9 The phone	e named entity submits this statement	for the surpose of abanding	ito rogistaros	l office or regist	torad agent or both in	the State of Elevide		and pages
	e nameo enuly sobrills uns statement	for the purpose of changing	i its registeret	ronice or recisi	ierea agent, or both, in	Title State of Florida	ı ı am tamınat wilti,	and accept
l lie obligat	tions of registered agent.				•			
the obligat				- s				
SIGNATURE .	tions of registered agent.		1075.8					
	tions of registered agent.	ant and title if applicable. (f	NOTE: Registered	Agent signature requir			DATE	
SIGNATURE .	tions of registered agent.	9. Election (NOTE: Registered Campaign Fir	Agent signature requir			Check Payable Department of	
SIGNATURE .	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND D	9. Election (Trust Fun	Campaign Fir	Agent signature requir	red when reinstating)	Florida [Check Payable Department of	State
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12. I hereby certify that the information supplies indicated on this report or supplemental reof the corporation or the receiver or trustechanged, or on an attachment with an add th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and acturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if s with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

352 521 1150