

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009738

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** TOWN VIEW MEDICAL ARTS CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7304 GALL BLVD.  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

38070 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

411 COMMERCIAL COURT  
SUITE E  
VENICE, FL 34292

**New Mailing Address:**

38070 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33540

**FEI Number:** 05-0605232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BINGHAM, JAMES H SR  
411 COMMERCIAL COURT  
SUITE E  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

BINGHAM, JAMES H SR  
38070 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33540 US

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.

SIGNATURE:

03/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BINGHAM, JAMES H SR.  
Address: 38070 DAUGHTERY ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SVD  
Name: GROSSBARD, LEE J DR  
Address: 37840 MEDICAL ARTS COURT  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D  
Name: CHEEMA, PAVITAR S  
Address: 38023 N. MEDICAL AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H. BINGHAM

PTD

03/18/2010

Electronic Signature of Signing Officer or Director

Date