

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008670

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEMORIAL MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

102 S 12TH STREET
TAMPA, FL 33602

New Principal Place of Business:

2605 W. SWANN AVE
#100
TAMPA, FL 33609

Current Mailing Address:

102 S 12TH STREET
TAMPA, FL 33602

New Mailing Address:

2605 W SWANN AVE
#100
TAMPA, FL 33609

FEI Number: 02-0731623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, ROBERT S
3719 SWANN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

FLYNN, JAMES G
2605 W. SWANN AVE
#300
TAMPA, FL 33609 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: JAMES G FLYNN

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOLENAC,
Address: 102 S 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: V () Delete
Name: JOHNSON, GREG
Address: 5026 TRENTON STREET SUITE 1
City-St-Zip: TAMPA, FL 33619

Title: ST (X) Delete
Name: JOHNSON, SCOTT
Address: 5026 TRENTON STREET SUITE 1
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIASTI, SAM DR
Address: 2605 W. SWANN AVE #100
City-St-Zip: TAMPA, FL 33609

Title: ST (X) Change () Addition
Name: FLYNN, JAMES G
Address: 2605 W. SWANN AVE. #300
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES G FLYNN

ST

04/29/2005

Electronic Signature of Signing Officer or Director

Date