

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90447 043 ****61.25

DOCUMENT # N04000008670					
1. Entity Name MEMORIAL MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2605 W. SWANN AVE #100 TAMPA, FL 33609			Mailing Address 2605 W SWANN AVE #100 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # 2605 W. Swann Avenue		3. Mailing Address Jacob Real Estate Services, Inc.		03192007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 607 W. Bay Street			
City & State Tampa		City & State Tampa			
Zip 33609	Country	Zip 33606	Country	4. FEI Number 02-0731623	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLYNN, JAMES G 2605 W. SWANN AVE #300 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name James C. Jacob Street Address (P.O. Box Number is Not Acceptable) Jacob Real Estate Services, Inc. 607 W. Bay Street City Tampa FL Zip Code 33606		
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 DATE <u>4/26/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIASTI, SAM DR 2605 W. SWANN AVE #100 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYNN, JAMES G 2605 W. SWANN AVE. #300 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 617, 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: JAMES G. FLYNN <u>4/26/07</u> 813 872 9551 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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