

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 006 ****61.25

DOCUMENT # N04000008670

1. Entity Name
**MEMORIAL MEDICAL OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2605 W. SWANN AVE
TAMPA, FL 33609**

Mailing Address
**JACOB REAL ESTATE SERVICES, INC
607 W. BAY STREET
TAMPA, FL 33606**

60035371



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0731623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOB, JAMES C
JACOB REAL ESTATE SERVICES, INC
607 W. BAY STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIASTI, SAM DR 2605 W. SWANN AVE #100 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYNN, JAMES G 2605 W. SWANN AVE. #300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X

Sam Diasti, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #