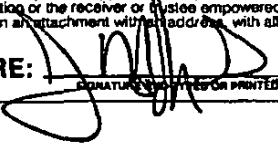


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/27/2005-90046-018-\$70.00-\$70.00

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SECRETARY OF STATE  
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000009003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          |  |  |
| 1. Entity Name<br><b>SOUTH TAMPA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          |                                                                                   |  |
| Principal Place of Business<br><b>3928 PREMIER NORTH DR<br/>TAMPA, FL 33618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                     | Mailing Address<br><b>3928 PREMIER NORTH DR<br/>TAMPA, FL 33618</b>                                                                                                                                                      |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                     | 3. Mailing Address                                                                                                                                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                     | City & State                                                                                                                                                                                                             |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                   | Zip                                                                                 | Country                                                                                                                                                                                                                  | 06292005 Chg-NP CR2E037 (10/03)                                                   |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                                                              |                                                                                   |  |
| POWERS, JENNIFER A ESQ.<br>ROIG & POWERS, PA<br>4023 N. ARMENIA AVE<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                     | Name <b>Jennifer Powers, ESQ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Glean, Rasmussen, Fogarty + Hooker</b><br><b>100 S. Ashley Dr. Suite 1300</b><br>City <b>Tampa</b> FL Zip Code <b>33602</b> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          |                                                                                   |  |
| Filing Fee is \$61.25<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                          | \$5.00 May Be<br>Added to Fees                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | Make check payable to<br>Florida Department of State                                |                                                                                                                                                                                                                          |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>LEFKOWITZ, MORRIS<br>3928 PREMIER NORTH DRIVE<br>TAMPA, FL 33618 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>GROSZ, JUDY<br>3928 PREMIER NORTH DRIVE<br>TAMPA, FL 33618 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>SCHACHTER, ROBERT<br>3928 PREMIER NORTH DRIVE<br>TAMPA, FL 33618 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>SWEARINGEN, J. HUNTER<br>3928 PREMIER NORTH DRIVE<br>TAMPA, FL 33618 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>MCGEACHY, THOMAS C<br>3928 PREMIER NORTH DRIVE<br>TAMPA, FL 33618 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 the address, with all other like empowered. |                                                                                                           |                                                                                     |                                                                                                                                                                                                                          |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | 6/30/05 813-908-1727<br>Daytime Phone #                                             |                                                                                                                                                                                                                          |                                                                                   |  |

Roberts AUG 23 2005