

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90049 017 ****61.25

DOCUMENT # N06000003963



1. Entity Name
MEDICAL PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

C/O SIMMONS, LA PLANT AND ASSOCIATES
201 E KENNEDY BLVD, SUITE 715
TAMPA, FL 33602 US

Mailing Address

C/O JACOB REAL ESTATE SERVICES
607 W. BAY STREET
TAMPA, FL 33606 US

40050660



03142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5703980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOB, JAMES C CCIM
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

D
JOHNSON, GREG
5026 TRENTON ST
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DP
VOLENEC, GARY
112 S 12TH STREET, SUITE D
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DVP
JOHNSON, SCOTT
5026 TRENTON ST
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

ST
LAPLANT, ROBERT
201 E KENNEDY BLVD, SUITE 715
TAMPA, FL 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J. Volenec

Date

3/18/08

(813) 223-9416

Daytime Phone #