


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90104 016 \*\*\*\*61.25

<b>DOCUMENT # N06000006603</b> 1. Entity Name <b>MIDTOWN SQUARE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1313 GRAY STREET</b> <b>TAMPA, FL 33602</b>			Mailing Address <b>1313 GRAY STREET</b> <b>TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # <b>4712 N. Armenia Ave</b>		3. Mailing Address <b>4712 N Armenia Ave</b>			
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc. <b>200</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33603</b>		Country <b>USA</b>		4. FEI Number <b>20-5178510</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>COHEN, GARY</b> <b>1313 GRAY STREET</b> <b>TAMPA, FL 33606</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Dennis L. Hoover M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4712 N. Armenia Avenue, Ste 200</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33603</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 <u><i>Dennis L. Hoover</i></u> <b>Dennis L. Hoover, MD, as Registered Agent</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> <input checked="" type="checkbox"/> Delete NAME <b>COHEN, GARY</b> STREET ADDRESS <b>1313 GRAY STREET</b> CITY - ST - ZIP <b>TAMPA, FL 33606</b>	TITLE <b>PT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Dennis L. Hoover, MD</b> STREET ADDRESS <b>4712 N. Armenia, Ste 200</b> CITY - ST - ZIP <b>Tampa FL 33603</b>				
TITLE <b>VPD</b> <input checked="" type="checkbox"/> Delete NAME <b>COHEN, ANDREW</b> STREET ADDRESS <b>1313 GRAY STREET</b> CITY - ST - ZIP <b>TAMPA, FL 33606</b>	TITLE <b>VPS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Daniel Vincent, Jr, MD</b> STREET ADDRESS <b>4714 N. Armenia Ave, Ste 200</b> CITY - ST - ZIP <b>Tampa FL 33603</b>				
TITLE <b>STD</b> <input checked="" type="checkbox"/> Delete NAME <b>COHEN, HARRY</b> STREET ADDRESS <b>1313 GRAY STREET</b> CITY - ST - ZIP <b>TAMPA, FL 33606</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
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: <u><i>Dennis L. Hoover</i></u> <b>Dennis L. Hoover, MD, as President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date <b>(813) 874-7500</b> <small>Daytime Phone #</small>