


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06615</b> 1. Entity Name GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % LAWRENCE M HANKIN 6128 S TAMiami TR SARASOTA, FL 34231	Mailing Address % LAWRENCE M HANKIN 6130 S. TAMiami TRL SARASOTA, FL 34231
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03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2817872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HANKIN, LAWRENCE M 6128 S TAMiami TR SARASOTA, FL 34231	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

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	PD BRUS, MARK H 6128 S. TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANKIN, LAWRENCE M 100 N PINEAPPLE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD LEVENBERG, L. 6128 S TAMiami TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SEMIAN, DAVID W 6130 S TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000303257  
04/13/05-80107-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: David W Semian, MD 4/8/05 (941) 922-1565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID W SEMIAN TS