2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N07000008157

Entity Name: ST. PETERSBURG MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

625 SIXTH AVENUE SOUTH
SUITE 2
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

625 SIXTH AVENUE SOUTH
SUITE 2
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 33-1180316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETER, AARON G MGR
625 SIXTH AVE. S.
SUITE 2
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARSTON, R. PATRICK
Address: 475 CENTRAL AVENUE, SUITE 305
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DV ( ) Delete
Name: FEDER, ERIC
Address: 701 SIXTH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DST ( ) Delete
Name: BOGGINI, ANDREW J
Address: 475 CENTRAL AVENUE, SUITE 305
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MARSTON MGR 06/16/2009

Electronic Signature of Signing Officer or Director — Date