

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008157

FILED  
Apr 03, 2012  
Secretary of State

**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:**

240 1ST AVE S  
SUITE 400  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 33-1180316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, CHRISTOPHER C ESQ  
2958 1ST AVENUE N  
ST. PETERSBURG, FL 33713 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  
Name: MARSTON, R. PATRICK  
Address: 240 1ST AVE S, SUITE 400  
City-St-Zip: ST. PETERSBURG, FL 33701

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

Title: DST  
Name: BOGGINI, ANDREW J  
Address: 240 1ST AVE S, SUITE 400  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: R. PATRICK MARSTON

DP

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date