

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 006 ****61.25

DOCUMENT # N39242 1. Entity Name HERNANDO MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business OAK HILL HOSPITAL SPRING HILL, FL 34606			Mailing Address 3519 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4112 LAMSON AVE Suite, Apt. #, etc.			
City & State Zip		City & State SPRING HILL FL Zip 34608		4. FEI Number 62-1449274	
Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSON, LINDA 3519 COMMERCIAL WAY SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name FRANKLIN + COMPANY PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 4112 LAMSON AVE City SPRING HILL FL Zip Code 34608		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DEBRA K PERRICONE <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/4/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, ROBERT 11373 CORTEZ BLVD BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANTI, KRISHNA 11373 CORTEZ BLVD. #203 BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MITCHELL, HALPERIN 11375 CORTEZ BLVD #209 BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DR CHARLES MILLER 11373 CORTEZ BLVD Suite 305 Brooksville FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Robert L. Grace  4/4/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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