

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39242

FILED
Jul 31, 2007
Secretary of State

Entity Name: HERNANDO MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

OAK HILL HOSPITAL
SPRING HILL, FL 34606

New Principal Place of Business:

HERNANDO MEDICAL CENTER
11373 CORTEZ BLVD
SPRING HILL, FL 34613

Current Mailing Address:

4112 LAMSON AVE
SPRING HILL, FL 34608

New Mailing Address:

4316 LAMSON AVE
SPRING HILL, FL 34608

FEI Number: 65-0327137 **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:

FRANKLIN AND PROPERTY MGMT LLC
4112 LAMSON AVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

FRANKLIN AND PROPERTY MGMT LLC
4316 LAMSON AVE
SPRING HILL, FL 34608 US

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: DEBRA K PERRICONE

07/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRACE, ROBERT
Address: 11373 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP () Delete
Name: MILLER, DRGHRIES
Address: 11373 CORTEZ BLVD STE 305
City-St-Zip: BROOKSVILLE, FL 34613

Title: TS () Delete
Name: MITCHELL, HALPERIN
Address: 11375 CORTEZ BLVD #209
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOREMAN, ROBERT
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

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

Title: TS (X) Change () Addition
Name: MITCHELL, HALPERIN
Address: 11373 CORTEZ BLVD #209
City-St-Zip: BROOKSVILLE, FL 34613

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: ROBERT FOREMAN

PD

07/31/2007

Electronic Signature of Signing Officer or Director

Date