

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39242

FILED
Apr 26, 2011
Secretary of State

Entity Name: HERNANDO MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

HERNANDO MEDICAL CENTER
11373 CORTEZ BLVD
SPRING HILL, FL 34613

New Principal Place of Business:

Current Mailing Address:

4316 LAMSON AVE
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 65-0327137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN AND PROPERTY MGMT LLC
4316 LAMSON AVE
SPRING HILL, FL 34608 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: PD
Name: FOREMAN, ROBERT
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP
Name: GANTI, KRISHNA
Address: 11373 CORTEZ BLVD SUITE 203
City-St-Zip: BROOKSVILLE, FL 34613

Title: TS
Name: LORRAINE, ERCEG
Address: 7344 ROYAL OAK DR.
City-St-Zip: SPRING HILL, FL 34607

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: ROBERT FOREMAN

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date