

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39242

**FILED**  
**Apr 13, 2012**  
**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

04/13/2012

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

\_\_\_\_\_  
Date