

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000004260  
 1. Entity Name  
 UNIVERSITY COMMUNITY INDEPENDENT PRACTICE ASSOCIATION, INC.



Principal Place of Business: 3500 E FLETCHER AVE, SUITE 201, TAMPA, FL 33613  
 Mailing Address: 3500 E FLETCHER AVE, SUITE 201, TAMPA, FL 33613



01172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3206688  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEACH, COLINS S  
 3500 E FLETCHER AVE  
 STE 201  
 TAMPA, FL 33613

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEACH, COLIN MD
STREET ADDRESS	15285 AMBERLY DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	TD
NAME	ROSE, JOEL DO
STREET ADDRESS	6101 WEBB ROAD STE #207
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	SD
NAME	WATKINS, STANLEY M.D.
STREET ADDRESS	1942 HIGHLAND OAKS BLVD #A
CITY-ST-ZIP	LUTZ, FL 335497323
TITLE	VD
NAME	HYATT, HENRY M.D.
STREET ADDRESS	13801 BRUCE B DOWNS BLVD STE 201
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/29/07-80036-013 61.25  
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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: Colin S Beach MD 1/23/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #