


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004260

1. Entity Name
 UNIVERSITY COMMUNITY INDEPENDENT PRACTICE ASSOCIATION, INC.



Principal Place of Business Mailing Address

3500 E FLETCHER AVE 3500 E FLETCHER AVE
 SUITE 201 SUITE 201
 TAMPA, FL 33613 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3206688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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 02/01/08-80059-015 61.25

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 1/14/08 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #