

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2009
Secretary of State**

DOCUMENT# N93000004260

Entity Name: UNIVERSITY COMMUNITY INDEPENDENT PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

3500 E FLETCHER AVE
SUITE 201
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3500 E FLETCHER AVE
SUITE 201
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3206688 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEACH, COLINS S
3500 E FLETCHER AVE
STE 201
TAMPA, FL 33613 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 () Delete
Name: BEACH, COLIN MD
Address: 15285 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: ROSE, JOEL DO
Address: 6101 WEBB ROAD STE #207
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: WATKINS, STANLEY M.D.
Address: 1942 HIGHLAND OAKS BLVD #A
City-St-Zip: LUTZ, FL 335497323

Title: VD () Delete
Name: HYATT, HENRY M.D.
Address: 13801 BRUCE B DOWNS BLVD STE 201
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: COLIN S. BEACH

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date