

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 28, 2010  
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  
Name: BEACH, COLIN MD  
Address: 15285 AMBERLY DRIVE  
City-St-Zip: TAMPA, FL 33647

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

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

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

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: COLIN S BEACH

PD

01/28/2010

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

\_\_\_\_\_  
Date