

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N97000005726

1. Entity Name  
UNIVERSITY HEALTH PARK MAINTENANCE  
ASSOCIATION, INC.



04 JAN 29 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
600 E.LAS COLINAS BLVD  
SUITE 1800  
IRVING, TX 33606

Mailing Address  
600 E.LAS COLINAS BLVD  
SUITE 1800  
IRVING, TX 33606



01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
DP  
THOMAS, TODD  
600 E.LAS COLINAS BLVD,STE 1800  
IRVING, TX 75039

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
EPSTEIN, HAROLD  
14201 CYBER PLACE  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
MORGAN, JAMES W JR  
600 E.LAS COLINAS BLVD,STE 1800  
IRVING, TX 75039

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700028060927  
02/02/04--01095--028 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Clay A. Parker*  
Executive Vice President and Senior Operational Partner  
Financial Services

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #