

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010919

Entity Name: TCA PROPERTIES, INC.

FILED
Mar 02, 2004
Secretary of State

Current Principal Place of Business:

14320 N. BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14320 N. BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3154002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCK, R. ANDREW
401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POPE, JAMES E
Address: 14320 N. BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: DV () Delete
Name: WOODROW, THOMAS W
Address: 14320 N. BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: MEDINA, ROBERTO P
Address: 14320 N BRUCE NB DOWNS BLVD
City-St-Zip: TAMPA, FL 33613

Title: DV () Delete
Name: BERMAN, PETER
Address: 14320 N BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL

Title: DT (X) Delete
Name: APPLEBAUM, HAL J
Address: 14320 N BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BERMAN, PETER J
Address: 14320 N. BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

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

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

Title: DT (X) Change () Addition
Name: APPLEBAUM, HAL J
Address: 14320 N BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. BERMAN, M.D.

DP

03/02/2004

Electronic Signature of Signing Officer or Director

Date