2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000010919

1. Entity Name
TCA PROPERTIES, INC.

Principal Place of Business	Mailing Address
14320 N. BRUCE B. DOWNS BLVD. TAMPA, FL 33613	14320 N. BRUCE B. DOWNS BLVD. TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3154002
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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)

H00000038553
01/19/06-80020-025 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOODROW, THOMAS W
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DV
NAME	APPLEBAUM, HAL J
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DS
NAME	MEDINA, ROBERTO P
STREET ADDRESS	14320 N BRUCE NB DOWNS BLVD
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DT
NAME	MEDINA, ROBERTO P
STREET ADDRESS	14320 N BRUCE B DOWNS BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Roberto P Medina MD 1/12/2006 813-971-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roberto P Medina, M.D.