2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2013
Secretary of State
CC6178796125

DOCUMENT# 765343

Entity Name: TARPON MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1501 PINELLAS AVE.
TARPON SPRINGS, FL 34689

Current Mailing Address:

C/O CAP REALTY
2511 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

FEI Number: 59-2472186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SABRINA, DOWNING
2511 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

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

Officer/Director Detail :

Title	PRES	Title	VP
Name	SHIRMOHAMMED, RAY GDR	Name	HOGAN, KIMBERLY
Address	8701 BOYSENBERRY DRIVE	Address	1469 VENNOR AVE.
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	TARPON SPRINGS FL 34689

Title	TRS
Name	NICKOLAKIS, IRENE A
Address	1501 PINELLAS AVE, STE K
City-State-Zip:	TARPON SPRINGS FL 34689

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: SHIRMOHAMMED , RAY GDR P 03/27/2013

Electronic Signature of Signing Officer/Director Detail — Date