

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

PO BOX 816
ELFERS, FL 34680 US

FEI Number: 59-2306440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOWNING, SABRINA
8141 BELLARUS WAY
SUITE 101
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: SABRINA DOWNING

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHIRMOHAMMED, AMIR
Address 8701 BOYSENBERRY DRIVE
City-State-Zip: TAMPA FL 33635

Title PRESIDENT
Name GOMEZ, FERNANDO A
Address 1501 S. PINELLAS AVE.
SUITE S
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 , AMIR

VP

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date