2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P03000119075

Entity Name: EVERGREEN MEDICAL CENTER, INC.

Current Principal Place of Business:

PO BOX 152377
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

PO BOX 152377
TAMPA, FL 33684

New Mailing Address:

FEI Number: 20-0336362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSH LAKE BLVD
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

DIAZ, JOE
11005 SPRING HILL DRIVE
SPRING HILL, FL 34608 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: JOE DIAZ 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEREZ, JUAN
Address: 6904 N HALE AVE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: ALZAREZ, KELLY A
Address: 7007 COBBLEWOOD CT
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: REYES, MELBA
Address: 7205 N CORTEZ AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: MELBA REYES PRES 05/01/2006
Electronic Signature of Signing Officer or Director Date