

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008784

1. Entity Name

BUFFALO MEDICAL CENTER, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90168 048 \*\*\*150.00

Principal Place of Business

Mailing Address

508 W. DR. MARTIN LUTHER KING, JR. STE. B  
TAMPA FL 33603

508 W. DR. MARTIN LUTHER KING, JR. STE. B  
TAMPA FL 33603-3402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3489197**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SANDIP I  
2240 BELLEAIR ROAD STE. 160  
CLEARWATER FL 33764

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 1	D METZGER, ELIZABETH A - President <input type="checkbox"/> Delete
NAME	508 W. DR. MARTIN LUTHER KING, JR. STE. B
STREET ADDRESS	TAMPA FL 33603
CITY-ST-ZIP	
TITLE 2	V. President <input type="checkbox"/> Delete
NAME	OLD W. METZGER
STREET ADDRESS	2613 Regal Oaks Ln, Tampa FL 33549
CITY-ST-ZIP	
TITLE 3	Secretary <input type="checkbox"/> Delete
NAME	K. W. METZGER
STREET ADDRESS	Same as 2 above
CITY-ST-ZIP	2613 Regal Oaks Ln.
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	W. D. Metzger
STREET ADDRESS	508 W. Dr. M. L. King Blvd, #B
CITY-ST-ZIP	TAMPA FL 33603
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Metzger (ELIZABETH METZGER) 4/2/00 813 229 3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)