

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000008784

1. Entity Name
BUFFALO MEDICAL CENTER, INC.



Principal Place of Business
508 W. DR. MARTIN LUTHER KING, JR
STE B
TAMPA, FL 33603

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



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

OGUNTEBI, FEHINTOLA
109 N ARMENIA AVE
TAMPA, FL 33609

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IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME METZGER, TALDO W
STREET ADDRESS 508 W. DR. MARTIN LUTHER KING, JR. STE. B
CITY-ST-ZIP TAMPA, FL 33603

TITLE VP
NAME METZGER, OLD W
STREET ADDRESS 1433 SOUTH KIRKMAN RD #2051
CITY-ST-ZIP ORLANDO, FL 32811

TITLE S
NAME METZGER, K W
STREET ADDRESS 734 WILHAM STREET
CITY-ST-ZIP NEWARK, NJ 02029

TITLE T
NAME METZGER, W D
STREET ADDRESS 21622 WYTHEVILLE WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000275654
03/25/05-80008-021 150.00

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ORIGINAL

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #