

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90049 008 ***150.00

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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

40018226



01312007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
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, 2007 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, ^{Palmo} 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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Metzger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/07 813 229 3522