


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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



01092008 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 <input type="checkbox"/> \$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, 2008 Fee will be \$550.00**

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

U000000839840
03/06/08-80024-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZGER, TALWO W 508 W. DR. MARTIN LUTHER KING, JR. STE. B TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP METZGER, OLD W 1433 SOUTH KIRKMAN RD #2051 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S METZGER, K W 734 WILHAM STREET NEWARK, NJ 02029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METZGER, W D 21622 WYTHEVILLE WAY LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

ORIGINAL

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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 #

1/25/08 813 2293522