

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000120812

**FILED**  
**Jul 14, 2011**  
**Secretary of State**

**Entity Name:** TAMPA TRAUMA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

4602 N. ARMENIA AVE. SUITE D1  
TAMPA, FL 33603

**New Principal Place of Business:**

5509 WEST GRAY STREET  
201  
TAMPA, FL 33609

**Current Mailing Address:**

4602 N. ARMENIA AVE. SUITE D1  
TAMPA, FL 33603

**New Mailing Address:**

P.O. BOX 260636  
TAMPA, FL 33685

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARLEY GONZALEZ, PABLO M  
4602 N. ARMENIA AVE. SUITE D1  
TAMPA, FL 33603 US

**Name and Address of New Registered Agent:**

DANDAR, THOMAS J  
5509 WEST GRAY STREET  
SUITE 201  
TAMPA, FL 33609 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: THOMAS J. DANDAR

07/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: HERNANDEZ, YAISMEL  
Address: POST OFFICE BOX 260636  
City-St-Zip: TAMPA, FL 33685

I hereby 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 all other like empowered.

SIGNATURE: YAISMEL HERNANDEZ

P/D

07/14/2011

Electronic Signature of Signing Officer or Director

Date