

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000064954

**Entity Name:** NEW TAMPA MEDICAL CENTER PA

**Current Principal Place of Business:**

5381 PRIMROSE LAKE CIRCLE  
TAMPA, FL 33647

**Current Mailing Address:**

5381 PRIMROSE LAKE CIRCLE  
TAMPA, FL 33647 US

**FEI Number:** 59-3658059

**Certificate of Status Desired:** No

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

DUROJAIYE, BABATOLA  
5381 PRIMROSE LAKE CIRCLE  
TAMPA, FL 33647 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name DUROJAIYE, BABATOLA  
Address 5381 PRIMROSE LAKE CIRCLE  
City-State-Zip: TAMPA FL 33647

*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:** BABATOLA DUROJAIYE

**PRESIDENT**

**07/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date