## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008784

Entity Name: BUFFALO MEDICAL CENTER, INC.

**Current Principal Place of Business:** 

508 W. DR. MARTIN LUTHER KING, JR

STE B

TAMPA, FL 33603

## **Current Mailing Address:**

508 W. DR. MARTIN LUTHER KING, JR

STE B

TAMPA, FL 33603

FEI Number: 59-3489197 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OGUNTEBI, FEHINTOLA 109 N ARMENIA AVE 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:

Electronic Signature of Registered Agent

Date

**FILED** Feb 15, 2017

**Secretary of State** 

CC2905984560

Officer/Director Detail:

Title D Title VΡ

METZGER, TAIWO W Name Name METZGER, OLD W

Address 508 W. DR. MARTIN LUTHER KING, Address 1433 SOUTH KIRKMAN RD #2051

JR. STE. B

City-State-Zip: ORLANDO FL 32811 TAMPA FL 33603 City-State-Zip:

Title Т Title

Name METZGER, W D Name METZGER, KW

Address 21622 WYTHEVILLE WAY 734 WILHAM STREET Address

City-State-Zip: LUTZ FL 33549 NEWARK NJ 02029 City-State-Zip:

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: TAIWO W METZGER

**DIRECTOR** 

02/15/2017