

2020 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**Officer/Director Detail :**

| | |
|-----------------|--|
| Title | D |
| Name | METZGER, TAIWO W |
| Address | 508 W. DR. MARTIN LUTHER KING, JR. STE. B |
| City-State-Zip: | TAMPA FL 33603 |

| | |
|-----------------|-------------------|
| Title | S |
| Name | METZGER, K W |
| Address | 734 WILHAM STREET |
| City-State-Zip: | NEWARK NJ 02029 |

| | |
|-----------------|-----------------------------|
| Title | VP |
| Name | METZGER, OLD W |
| Address | 1433 SOUTH KIRKMAN RD #2051 |
| City-State-Zip: | ORLANDO FL 32811 |
| Title | T |
| Name | METZGER, W D |
| Address | 21622 WYTHEVILLE WAY |
| City-State-Zip: | LUTZ FL 33549 |

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****03/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date