

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003007

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: HAYTIAN AMERICAN DOCTOR'S HOSPITAL INC.

## Current Principal Place of Business:

4237 HENDERSON BLVD  
TAMPA, FL 33629

## New Principal Place of Business:

4613 N. CLARK AVE.  
TAMPA, FL 33614

## Current Mailing Address:

PO BOX 1186  
TAMPA, FL 33601

## New Mailing Address:

FEI Number: 98-0425755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERGMANN, FREDERICK J  
4237 HENDERSON BLVD  
TAMPA, FL 33629      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: CHADWELL, LARRY  
Address: 845 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33602

Title: VT ( ) Delete  
Name: SANON, CHRISTIAN  
Address: 2137 W MARTIN LUTHER KING  
City-St-Zip: TAMPA, FL 33607

Title: DS ( ) Delete  
Name: BERGMANN, FREDERICK  
Address: 4237 HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: BERGMANN, FREDERICK  
Address: 4613 N. CLARK AVE.  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FREDERICK J. BERGMANN

DS

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date