

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # H05812

1. Entity Name
BELMONT MEDICAL FACILITY, INC.



Principal Place of Business
3105 N. 22ND ST.
TAMPA, FL 33605

Mailing Address
3105 N. 22ND ST.
TAMPA, FL 33605



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2422749 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, WARREN H.
3556 NORTH 29TH STREET
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000187106
01/21/05-60065-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANDREWS, W. W.
STREET ADDRESS	3105 N. 22ND ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. W. Andrews, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05 (813) 248-5458

Date

Daytime Phone #