

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05812

FILED
Jan 22, 2009
Secretary of State

Entity Name: BELMONT MEDICAL FACILITY, INC.

Current Principal Place of Business:

3105 N. 22ND ST.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3105 N. 22ND ST.
TAMPA, FL 33605

New Mailing Address:

POST OFFICE BOX 5173
TAMPA, FL 33675

FEI Number: 59-2422749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWSON, WARREN H.
3556 NORTH 29TH STREET
TAMPA, FL 33605 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: DP () Delete
Name: ANDREWS, W. W.,
Address: 3105 N. 22ND ST.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: W.W. ANDREWS

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date