

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34405

FILED
Sep 10, 2008
Secretary of State

Entity Name: CARROLLWOOD MEDICAL HOLDING COMPANY, INC.

Current Principal Place of Business:

11809 N. DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11809 N. DALE MABRY
TAMPA, FL 33618

New Mailing Address:

2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

FEI Number: 59-3019078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLIMANS, FREDERICK J PCD
11809 N DALE MABRY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

PERICH, LARRY M TRES
11809 N DALE MABRY
TAMPA, FL 33618 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: LARRY M. PERICH

09/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MCCLIMANS, FRED,
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: PERICH, LARRY,
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: PERICH, BARBARA,
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LARRY M. PERICH

LMP

09/10/2008

Electronic Signature of Signing Officer or Director

Date