

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005089

FILED
May 10, 2007
Secretary of State

Entity Name: RED CRESCENT CLINIC OF TAMPA, INC.

Current Principal Place of Business:

7328 EAST SLIGH AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

7328 EAST SLIGH AVENUE
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3664272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMAN, JEFFREY A ESQ
C/O AMAN & LINS, P.A.
14502 N. DALE MABRY HWY STE 300
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIDDIQUE, MAQSOOD M.D.
Address: 19012 SAINT LAURENT DR.
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: SABA, HUSSAIN M.D.
Address: PO BOX 111
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: CHOUDHARY, YHYA
Address: 3209 POLO PLACE
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: KHAN, SAIRA S
Address: 303 NO. PLANT AVENUE
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: BREWER, LESLIE D
Address: 303 N. PLANT AVE.
City-St-Zip: PLANT CITY, FL 33563

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAQSOOD SIDDIQUE

D

05/10/2007

Electronic Signature of Signing Officer or Director

Date