2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N00000005089

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 ( )**

Name and Address of Current Registered Agent:

COTON, DANIEL M ESQ
TRINKLE, REDMAN, SWANSON, COTON, DAVIS & S
101 N. COLLINS ST
PLANT CITY, FL 33563 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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: CHAUDHRY, YAHYA
Address: 3209 POLO PLACE
City-St-Zip: PLANT CITY, FL 33567

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

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

I hereby 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 all other like empowered.

SIGNATURE: YAHYA CHAUDHRY DIR 02/09/2012

Electronic Signature of Signing Officer or Director Date