

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009037

FILED
Mar 31, 2004
Secretary of State**Entity Name:** FLORIDA PATIENT SAFETY CENTER, INC.**Current Principal Place of Business:**217 SOUTH MATANZAS
TAMPA, FL 33609 US**New Principal Place of Business:****Current Mailing Address:**2516 WEST SUNSET DRIVE
TAMPA, FL 33629 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPBELL, ROBERT R ESQ.
2516 WEST SUNSET DRIVE
TAMPA, FL 336295339 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: P () Delete
Name: CAMPBELL, ROBERT R JD, PHD
Address: 2516 WEST SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629 US

Title: VP () Delete
Name: WERNER, DENNIS C MHA
Address: 8634 CHADWICK DRIVE
City-St-Zip: TAMPA, FL 33635 US

Title: VP () Delete
Name: SPEHAR, ANDREA S DVM, JD
Address: 3705 BELLE VISTA DRIVE EAST
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: VP () Delete
Name: BRADHAM, DOUGLAS D DRPH
Address: 10 N. GREENE ST.
City-St-Zip: BALTIMORE, MD 21201 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT R. CAMPBELL, ESQ

P

03/31/2004

Electronic Signature of Signing Officer or Director

Date