

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000075991

Entity Name: DANA MEDICAL CENTER INC.

FILED
Oct 07, 2004
Secretary of State

Current Principal Place of Business:

1947 W. MARTIN L. KING BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1947 W. MARTIN L. KING BLVD.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 04-3682799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, ANGEL
2911 WEST FRIERSON AVENUE
TAMPA, FL 33614 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: P () Delete
Name: DIAZ, ANGEL
Address: 2911 W FRIERSON AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: DIAZ, DANAI
Address: 2911 W FREIRSON AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ANGEL DIAZ

PRES

10/07/2004

Electronic Signature of Signing Officer or Director

Date