

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032473

FILED
Jul 05, 2005
Secretary of State

Entity Name: GENESIS MEDICAL CENTER INC.

Current Principal Place of Business:

610 W. WATERS AVE., SUITE BC
B AND C
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

610 W. WATERS AVE., SUITE BC
B AND CB
TAMPA, FL 33614

New Mailing Address:

FEI Number: 92-0191735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, MICHELLE
610 W. WATERS AVE., SUITE BC
B AND C
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

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: D () Delete
Name: HINSON, MICHELLE
Address: 610 W. WATERS AVE., SUITE BC
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHELE HINSON

CEO

07/05/2005

Electronic Signature of Signing Officer or Director

_____ Date