

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044208

Entity Name: OROZCO MEDICAL CENTER, INC

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

1914 NORTH HIMES AVE  
TAMPA, FL 33607

## New Principal Place of Business:

8210 WEST WATERS AVENUE  
TAMPA, FL 33615

## Current Mailing Address:

1914 NORTH HIMES AVE  
TAMPA, FL 33607

## New Mailing Address:

8210 WEST WATERS AVENUE  
TAMPA, FL 33615

FEI Number: 41-2091050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OROZCO, CLAUDIA P  
1914 NORTH HIMES AVE  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

OROZCO, CLAUDIA P  
8210 WEST WATERS AVENUE  
TAMPA, FL 33615 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: CLAUDIA P. OROZCO

05/04/2009

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: P ( ) Delete  
Name: OROZCO, CLAUDIA P  
Address: 1914 NORTH HIMES AVE  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OROZCO, CLAUDIA P  
Address: 8210 WEST WATERS AVEBUE  
City-St-Zip: TAMPA, FL 33615

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

SIGNATURE: CLAUDIA P. OROZCO

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date