

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079396

Entity Name: MEDICARD OF TAMPA, INC.

FILED  
Jul 08, 2004  
Secretary of State

## Current Principal Place of Business:

2029 NW 87TH AVE  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

2029 NW 87TH AVE  
MIAMI, FL 33172

## New Mailing Address:

FEI Number: 11-3697144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVA, DAVID  
2029 NW 87TH AVE  
MIAMI, FL 33172

## 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: DP ( ) Delete  
Name: OLIVA, DAVID  
Address: 2029 NW 87TH AVE  
City-St-Zip: MIAMI, FL 33172

Title: DV ( ) Delete  
Name: TREJO, DELIO  
Address: 2029 NW 87TH AVE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OLIVA, DAVID  
Address: 2029 NW 87TH AVE  
City-St-Zip: MIAMI, FL 33172

Title: VD (X) Change ( ) Addition  
Name: TREJO, DELIO  
Address: 2029 NW 87TH AVE  
City-St-Zip: MIAMI, FL 33172

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: DAVID OLIVA

PD

07/08/2004

Electronic Signature of Signing Officer or Director

Date