


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90596 001 \*2,700.00

<b>DOCUMENT # P03000126818</b>	
1. Entity Name <b>HEALTH CARE CENTER OF TAMPA, INC.</b>	

Principal Place of Business <b>37 N ORANGE AVE, STE 500 ORLANDO, FL 32801</b>	Mailing Address <b>37 N ORANGE AVE, STE 500 ORLANDO, FL 32801</b>
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**66012445**



2. Principal Place of Business <b>202 PARKVIEW PLACE</b>	3. Mailing Address <b>1030 N. Orange Ave.</b>
Suite, Apt. #, etc. <b>SUITE 202</b>	Suite, Apt. #, etc. <b>SUITE 105</b>
City & State <b>LAKELAND, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>33805</b>	Country <b>US</b>
Zip <b>32801</b>	Country <b>US</b>

04202005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
<b>DAVIS, E. NICHOLAS III 12200 W COLONIAL DR, STE 303 WINTER GARDEN, FL 34787</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>LUBINSKY, RANDY</b>		<b>1030 N. Orange Ave., SUITE 105</b>	
<b>37 N ORANGE AVE, STE 500</b>		<b>Orlando, FL 32801</b>	
<b>ORLANDO, FL 32801</b>			
<b>SZPORKA, MARK</b>		<b>1030 N. Orange Ave., SUITE 105</b>	
<b>37 N ORANGE AVE, STE 500</b>		<b>Orlando, FL 32801</b>	
<b>ORLANDO, FL 32801</b>			
<b>DP</b>			
<b>KHAN, SAQIB B</b>			
<b>202 PARKVIEW PLACE</b>			
<b>LAKELAND, FL 33805</b>			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>Mark Szporka</b>	<b>4/20/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <b>407-367-0944</b>