

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150318

FILED  
Jun 24, 2004  
Secretary of State

Entity Name: TAMPA ORTHOPEDIC MEDICAL CENTER, INC.

## Current Principal Place of Business:

4726 N. HABANA AVENUE  
#203  
TAMPA, FL 33614

## New Principal Place of Business:

4726 N. HABANA AVENUE  
#204  
TAMPA, FL 33614

## Current Mailing Address:

4726 N. HABANA AVENUE  
#203  
TAMPA, FL 33614

## New Mailing Address:

4726 N. HABANA AVENUE  
#204  
TAMPA, FL 33614

FEI Number: 20-0536379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FUCHS, ERIC  
1013 APOLLO BEACH BLVD.  
101  
APOLLO BEACH, FL 33614 US

## Name and Address of New Registered Agent:

KNUDSEN, MARIA  
4726 N. HABANA AVENUE  
#204  
TAMPA, FL 33614 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: MARIA KNUDSEN

06/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLARK, GAELAN  
Address: 4726 N. HABANA AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete  
Name: KNUDSEN, GISELA  
Address: 4726 N. HABANA AVENUE  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KNUDSEN, MARIA  
Address: 4726 N. HABANA AVENUE, #204  
City-St-Zip: TAMPA, FL 33614

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: MARIA KNUDSEN

P

06/24/2004

Electronic Signature of Signing Officer or Director

Date