

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000150318

1. Entity Name
TAMPA ORTHOPEDIC MEDICAL CENTER, INC.



FILED

04 OCT 15 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282004 Chg-P CR2E034 (10/03)

Principal Place of Business
~~4726 N. HABANA AVENUE~~
~~#204~~
TAMPA, FL 33614

Mailing Address
~~4726 N. HABANA AVENUE~~
~~#204~~
TAMPA, FL 33614

2. Principal Place of Business
1914 W. MLK BLVD
Suite, Apt. #, etc.

3. Mailing Address
1914 W. MLK BLVD
Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33607

Country

4. FEI Number
20-0536379

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KNUDSEN, MARIA
4726 N. HABANA AVENUE
#204
TAMPA, FL 33614

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1914 W. MLK BLVD
City Tampa FL Zip Code 33607

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNUDSEN, MARIA 4726 N. HABANA AVENUE, #204 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1914 W. MLK BLVD TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041909563 10/15/04--01104--007 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE *[Signature]* 10-11-04 (813) 875 76 26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #