

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006099

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: 24TH CENTURY MEDICAL CENTER, INC.

## Current Principal Place of Business:

6567 SPANISH MOSS CIRCLE  
TAMPA, FL 33625

## New Principal Place of Business:

5101 EAST BUSCH BLVD  
#1  
TAMPA, FL 33617

## Current Mailing Address:

6567 SPANISH MOSS CIRCLE  
TAMPA, FL 33625

## New Mailing Address:

5101 EAST BUSCH BLVD  
TAMPA, FL 33617

FEI Number: 20-0511044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OBI-ANADIUME, VICTOR E  
6567 SPANISH MOSS CIRCLE  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

ANADIUME, VICTOR E  
5101 EAST BUSCH BLVD  
#1  
TAMPA, FL 33617 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: VA

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OKEKE, IKE C  
Address: 8402 OAKWOOD TREE COURT, #102  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: OBI-ANADIUME, VICTOR  
Address: 6567 SPANISH MOSS CIRCLE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: OKEKE, IKE C  
Address: 5101 EAST BUSCH BLVD #1  
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change ( ) Addition  
Name: ANADIUME, VICTOR  
Address: 5101 EAST BUSCH BLVD #1  
City-St-Zip: TAMPA, FL 33617

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: VA

DIR

01/13/2005

Electronic Signature of Signing Officer or Director

Date