

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 04, 2006
Secretary of State**

DOCUMENT# P04000006099

Entity Name: 24TH CENTURY MEDICAL CENTER, INC.

Current Principal Place of Business:

7701 W. HILLSBOROUGH AV
TAMPA, FL 33615

New Principal Place of Business:

7747 W. HILLSBOROUGH AV
TAMPA, FL 33615

Current Mailing Address:

7701 W. HILLSBOROUGH AV
TAMPA, FL 33615

New Mailing Address:

7747 W. HILLSBOROUGH AV
TAMPA, FL 33615

FEI Number: 20-0511044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTOR, ANADIUME
7701 W. HILLSBOROUGH AV
TAMPA, FL, FL 33615 US

Name and Address of New Registered Agent:

VICTOR, OBI-ANADIUME
7747 W. HILLSBOROUGH AV
TAMPA, FL, FL 33615 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: VOA

11/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKEKE, IKE C
Address: 7701 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: ANADIUME, VICTOR
Address: 7701 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OKEKE, IKE C
Address: 7747 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: OBI-ANADIUME, VICTOR
Address: 7747 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: D () Change (X) Addition
Name: OBI-ANADIUME, HILDA
Address: 7747 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: D () Change (X) Addition
Name: OKEKE, YVONNE
Address: 7747 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VOA

DIRE

11/04/2006

Electronic Signature of Signing Officer or Director

Date