2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P04000085116

Entity Name: TAMPA BAY INPATIENT MEDICINE, P.A.

Current Principal Place of Business:

17611 ARCHLAND PASS ROAD
LUTZ, FL 335583635

New Principal Place of Business:

4600 NORTH HABANA AVENUE
SUITE 27
TAMPA, FL 33614

Current Mailing Address:

PO BOX 341409
TAMPA, FL 33694

New Mailing Address:

FEI Number: 20-1184092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY ESQ
100 S ASHLEY DR SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RODRIGUEZ, RAFAEL S MD
Address: 17611 ARCHLAND PASS ROAD
City-St-Zip: LUTZ, FL 335583635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RODRIGUEZ, RAFAEL S MD
Address: 2701 COASTAL RANGE WAY
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify 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: COLLEEN LAWLER MGR 01/08/2008

Electronic Signature of Signing Officer or Director Date