

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120812

FILED
Jan 25, 2005
Secretary of State

Entity Name: TAMPA TRAUMA MEDICAL CENTER, INC.

Current Principal Place of Business:

6814 N GLEN AVE
TAMPA, FL 33614

New Principal Place of Business:

4602 N. ARMENIA AVE. SUITE D1
TAMPA, FL 33603

Current Mailing Address:

6814 N GLEN AVE
TAMPA, FL 33614

New Mailing Address:

4602 N. ARMENIA AVE. SUITE D1
TAMPA, FL 33603

FEI Number: 01-0819993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD () Delete
Name: HERNANDEZ, YAISMEL
Address: 6814 N GLEN AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERNANDEZ, YAISMEL
Address: 4602 N. ARMENIA AVE. SUITE D1
City-St-Zip: TAMPA, FL 33603

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: YAISMEL HERNANDEZ

PSTD

01/25/2005

Electronic Signature of Signing Officer or Director

Date