2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# P04000120812

Entity Name: TAMPA TRAUMA MEDICAL CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CRUZ, JUAN C
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 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: JUAN C CRUZ PSDT 06/05/2006

Electronic Signature of Signing Officer or Director Date