2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2012
Secretary of State

DOCUMENT# P04000120812

Entity Name: TAMPA TRAUMA MEDICAL CENTER, INC.

Current Principal Place of Business:

5509 WEST GRAY STREET
201
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260636
TAMPA, FL 33685

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DANDAR, THOMAS J
5509 WEST GRAY STREET
SUITE 201
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title: P/D
Name: HERNANDEZ, YAISMEL
Address: POST OFFICE BOX 260636
City-St-Zip: TAMPA, FL 33685

I hereby 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 all other like empowered.

SIGNATURE: YAISMEL HERNANDEZ P 03/04/2012
Electronic Signature of Signing Officer or Director Date