

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169939

FILED
Mar 05, 2005
Secretary of State

Entity Name: TAMAMI MEDICAL CENTER, INC.

Current Principal Place of Business:

8372 SW 8TH STREET
MIAMI, FL 33144

New Principal Place of Business:

3750 W 16TH AVE
200
HIALEAH, FL 33012

Current Mailing Address:

8372 SW 8TH STREET
MIAMI, FL 33144

New Mailing Address:

3750 W 16TH AVE
HIALEAH, FL 33012

FEI Number: 20-2322707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARENCEBIA, ALDO Y
8372 SW 8TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

ARENCEBIA, ALDO Y
3750 W 16TH AVE
200
HIALEAH, FL 33012 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: ALDO ARENCIBIA

03/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARENCIBIA, ALDO Y
Address: 8372 SW 8TH STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALDO ARENCIBIA

D

03/05/2005

Electronic Signature of Signing Officer or Director

Date