## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044414

Entity Name: COMPLETE HEALTH OF TAMPA BAY, P.A.

FILED Apr 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1426 EAST BLOOMINGDALE AVE VALRICO, FL 33594

**Current Mailing Address: New Mailing Address:** 

4611 RIVER OVERLOOK DR P. O. BOX 1289 BRANDON, FL 33509 VALRICO, FL 33594

FEI Number: 20-2501176 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUNTER, JEFFREY S ESQ MBAKWEM, ALEXANDER C 201 E. KÉNNEDY BLVD P. O. BOX 1289 **SUITE 1700** BRANDON, FL 33509 US TAMPA, FL 33602 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: ALEXANDER C MBAKWEM 04/08/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SAPROUNOVA, VERA MD SAPROUNOVA, VERA MD Name: Name: 4611 RIVER OVERLOOK DR Address: 1426 EAST BLOOMINGDALE AVENUE Address:

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: VERA SAPROUNOVA PD 04/08/2007