

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132464

FILED
Jan 03, 2007
Secretary of State

Entity Name: HILLSBOROUGH COUNTY MEDICAL REGISTRY, INC.

Current Principal Place of Business:

601 W WATERS AVE STE E
TAMPA, FL 33604

New Principal Place of Business:

610 W WATERS AVE STE E
TAMPA, FL 33604

Current Mailing Address:

601 W WATERS AVE STE E
TAMPA, FL 33604

New Mailing Address:

610 W WATERS AVE STE E
TAMPA, FL 33604

FEI Number: 20-3549546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSCH LAKE BLVD
TAMPA, FL 33614 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: D () Delete
Name: CLAY, NYLE
Address: 601 W WATERS AVE STE E
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLAY, NYLE
Address: 610 W WATERS AVE STE E
City-St-Zip: TAMPA, FL 33604

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: NYLE G CLAY

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date