

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000070662

FILED
Oct 28, 2008
Secretary of State

Entity Name: UNITED GABLES OF TAMPA MEDICAL CENTER INC;

Current Principal Place of Business:

2123 W. DR. MARTIN LUTHER KING JR. BLVD
201
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5306 CLOUDSPEAK DR
LUTZ, FL 33558

New Mailing Address:

PO BOX 15032
TAMPA, FL 33684

FEI Number: 20-8768939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, LIZANDRA
5306 CLOUDSPEAK DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

GARI, LAZARO
16504 ARCHWOOD DR
TAMPA, FL 33624 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: LAZARO GARI

10/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, LIZANDRA
Address: 5306 CLOUDSPEAK DR
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARI, LAZARO
Address: 16504 ARCHWOOD DR
City-St-Zip: TAMPA, FL 33624

Title: VP () Change (X) Addition
Name: REGALADO, LUIS
Address: 10719 SW 57 TER
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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: LAZARO GARI

VP

10/28/2008

Electronic Signature of Signing Officer or Director

Date