

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137316

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: TAMPA HEALTH CARE PROVIDERS, P.A.

## Current Principal Place of Business:

8495 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 US

## New Principal Place of Business:

## Current Mailing Address:

8495 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 US

## New Mailing Address:

P.O. BOX 20794  
TAMPA, FL 33622 US

FEI Number: 45-0481823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOH, TAE JUNG MD  
8495 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

PORAT, RON  
6702 N. GUNLOCK AVENUE  
TAMPA, FL 33614 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: RON PORAT

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NOH, TAE JUNG MD  
Address: 8495 W. LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33625 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NOH, TAE JUNG MD  
Address: P.O. BOX 20794  
City-St-Zip: TAMPA, FL 33622 US

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: TAE JUNG NOH

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date