

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000137316

**FILED**  
**Jun 16, 2011**  
**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:**

P.O. BOX 20794  
TAMPA, FL 33622 US

**New Mailing Address:**

8495 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 US

**FEI Number:** 45-0481823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PORAT, RON  
6702 N. GUNLOCK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NOH, THOMAS TAE MD  
Address: P.O. BOX 20794  
City-St-Zip: TAMPA, FL 33622 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS TAE NOH, MD

PRES

06/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date