2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# P07000052935

Entity Name: DALE MABRY MEDICAL CENTER, INC

Current Principal Place of Business:

7829 N. DALE MABRY HWY., SUITE 100
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7829 N. DALE MABRY HWY., SUITE 100
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-8969835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, JUAN A
6595 SW 152 CT.
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

MALAGON, GREISY
4900 N MACDILL AVE
APT B47
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: GREISY MALAGON 01/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORALES, JUAN A
Address: 6595 SW 152 CT.
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MALAGON, GREISY
Address: 4900 N MACDILL AVE #B47
City-St-Zip: TAMPA, FL 33614

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: GREISY MALAGON PD 01/30/2008
Electronic Signature of Signing Officer or Director Date