## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000052935

Entity Name: DALE MABRY MEDICAL CENTER, INC

**FILED** Dec 03, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

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

**Current Mailing Address: New Mailing Address:** 

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

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

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

MALAGON, GREISY AHMED, NASIM 4900 N MACDILL AVE 7829 N DALE MABRY HIGHWAY APT B47 SUITE 100 TAMPA, FL 33614 US 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: NASIM AHMED

12/03/2008 Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MALAGON, GREISY Name: Name: AHMED, NASIM Address:

7829 N DALE MABRY HIGHWAY, SUITE 100 4900 N MACDILL AVE #B47 Address:

City-St-Zip: TAMPA, FL 33614 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.

Ρ SIGNATURE: NASIM AHMED 12/03/2008

Electronic Signature of Signing Officer or Director

Date