FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 29

DOCUMENT # **P94000088314 (7)**

1. Corporate Name
WEST TAMPA MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
4023 N. ARMENIA AVE. SUITE 285 TAMPA FL 33607	4023 N. ARMENIA AVE. SUITE 285 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-3283136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition D/P/S/T
NAME	ORIHUELA, JENNY L	12 NAME	ORIHUELA, JENNY L.
STREET ADDRESS	4023 N. ARMENIA AVE., SUITE 285	13 STREET ADDRESS	4023 N. Armenia Ave., Suite 285
CITY ST ZIP	TAMPA FL 33607	14 CITY ST ZIP	Tampa, Fl. 33607
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jenny L. Orihuela, Pres. 3/ /95 (813) 873-2300
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0202304 CP

P94000088314

LAW OFFICES OF

BROD & SPEARS, P.A.

SHERMAN M. BROD
Personal Injury
Wrongful Death
Trial Practice

PLEASE REPLY TO
5100 W. KENNEDY BOULEVARD
SUITE 595
TAMPA, FL 33609
FACSIMILE: (813) 287-2967

IRIC VONN SPEARS
Personal Injury
Wrongful Death
Trial Practice

March 20, 1995

Division Of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: **WEST TAMPA MEDICAL CENTER, INC.**

Dear Sir/Madame:

Enclosed is the Corporation Annual Report for 1995, for the above-noted corporation. Also enclosed is a check in the amount of $208.75, representing payment of the filing fee and the charge for a Certificate Of Status. Please forward the Certificate Of Status, in care of this office, in the enclosed envelope, at your earliest convenience.

Your assistance in this matter is greatly appreciated.

Sincerely,

Sherman M. Brod

SHERMAN M. BROD

SMB/lr
/enclosures