2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

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DOCUMENT # P9600006500 1. Entity Name TAMPA MEDICAL CARE, INC.			02-02-2004 90015 034 ***150.00				
Principal Place of Business	Mailing Address		-		2400	1550	ũ
-6408 N. ARMENIA AVE.	6408 N. ARMENIA AVE.				~200	,,,,,	U
SUITE B	SUITE B	•					
TAMPA, FL 33604 US	TAMPA, FL 33604 US)		18118 BUIL BUIL SERV BRIE B	HIN GEGIL EMGE EN		
2. Principal Place of Business	3. Mailing Address	340498					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262004	Chg-P	CR2E034 (·	
City & State	Tumfa F	L	4. FEI Numbe 59-335				olied For Applicable
Zip Country	33694-0498	HILLS BORDE	5. Certificate	of Status Desired		.75 Addit	
7. Name and Address of New Registered Agent						-	
PIPALIA, T MD			ANDRA	BAAVA			
6408 N. ARMENIA AVE.		Street Address	(P.O. Box Number N P.O. Box P.O.	er is Not Acceptable)	Me,	Suto	B
TAMPA, FL 33604							
•		City Ta	mpa		FL	Zip Gode	604
8. The above named entity submits this statement for	r the purpose of changing its re	gistered office or registe	ered agent, or bo	th, in the State of Flori	da. I am fami	iliar with, a	and accept
the obligations of registered agent. Chocked R. PRESIDENT CHANDRA BAANA 1/27/0							
()~~	d. PKESIDENT	CHANDRA	4 BAA	VA	1/2	7/04	
SIGNATURE Signature, typed or printed name of registered agent	<u> </u>	CGAND RA		vA	1/2 DATE	7/04	
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	VA		7/04	
SIGNATURE Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign	Registered Agent signature require		vA		7/04	-
Signature, typod or printed name of registered agent FILE NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	Registered Agent signature require	ed when reinstating) 5.00 May Be Ided to Fees	CHANGES TO OFFIC	DATE	RECTORS	IN 11
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550. 10. OFFICERS AND	9. Election Campaign Trust Fund Contrib	n Financing \$5 aution Ad	ed when reinstating) 5.00 May Be Ided to Fees		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-431-23-66