


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90500 033 ***150.00

DOCUMENT # P96000006500	
1. Entity Name TAMPA MEDICAL CARE, INC.	

Principal Place of Business 6408 N. ARMENIA AVE. SUITE B TAMPA, FL 33604 US	Mailing Address P.O. BOX 340498 TAMPA, FL 33604 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Zip 33618

6. Name and Address of Current Registered Agent BAPNA, CHANDRA 6408 N. ARMENIA AVE. SUITE B TAMPA, FL 33604	
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7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa FL Zip Code 33618	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Walter Sanders Walter Sanders 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAPNA, CHANDRA 6408 N. ARMENIA AVE., SUITE B TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Chandra Bapna <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/28/05 (813) 931-2366 <small>Date Daytime Phone #</small>