2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P96000073515

Entity Name: PARSONS MEDICAL CENTER, INC.

Current Principal Place of Business:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116009 US

New Principal Place of Business:

Current Mailing Address:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116009 US

New Mailing Address:

FEI Number: 59-3400761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J ESQ.
791 WEST LUMDSEN ROAD
BRANDON, FL 33511

Name and Address of New Registered Agent:

WATERS, CODY W ESQ.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

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: CODY W. WATERS 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: DHALIWAL, AMARJIT S
Address: 122 BARRINGTON DRIVE
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete
Name: DHALIWAL, PARMINDER
Address: 122 BARRINGTON DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: DHALIWAL, AMARJIT S
Address: 6338 WEST MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change ( ) Addition
Name: DHALIWAL, PARMINDER
Address: 6338 WEST MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMARJIT S. DHALIWAL PS 04/27/2004
Electronic Signature of Signing Officer or Director Date