

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073515

FILED
Apr 20, 2005
Secretary of State

Entity Name: PARSONS MEDICAL CENTER, INC.

Current Principal Place of Business:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116009 US

Current Mailing Address:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116009 US

New Principal Place of Business:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116065 US

New Mailing Address:

908 SOUTH PARSONS AVENUE
SUITE A
BRANDON, FL 335116065 US

FEI Number: 59-3400761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUNTER, BROWNLEE
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 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: HUNTER BROWNLEE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date