

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073515

FILED
Apr 21, 2011
Secretary of State

Entity Name: PARSONS MEDICAL CENTER, INC.

Current Principal Place of Business:

1082 E. BRANDON BLVD
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3550
BRANDON, FL 335093550 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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DHALIWAL, AMARJIT S
Address: 1082 E BRANDON BLVD
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: DHALIWAL, PARMINDER
Address: 1082 E. BRANDON BLVD
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: DHALIWAL, AMARPAL S
Address: 1082 E. BRANDON BLVD
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: DHALIWAL, AMANDEEP
Address: 1082 E. BRANDON BLVD
City-St-Zip: BRANDON, FL 33511

I hereby 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 all other like empowered.

SIGNATURE: AMARJIT S. DHALIWAL

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date