

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 008 \*\*\*158.75

**DOCUMENT # P98000008784**

1. Entity Name  
BUFFALO MEDICAL CENTER, INC.



Principal Place of Business

508 W. DR. MARTIN LUTHER KING, JR  
STE B  
TAMPA, FL 33603

Mailing Address

508 W. DR. MARTIN LUTHER KING, JR  
STE B  
TAMPA, FL 33603

66006698



**DO NOT WRITE IN THIS SPACE**

02242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3489197

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OGUNTEBI, FEHINTOLA  
109 N ARMENIA AVE  
TAMPA, FL 33609

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME METZGER, TALDO W  
STREET ADDRESS 508 W. DR. MARTIN LUTHER KING, JR. STE. B  
CITY-ST-ZIP TAMPA, FL 33603

TITLE VP  
NAME METZGER, OLD W  
STREET ADDRESS 1433 SOUTH KIRKMAN RD #2051  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE S  
NAME METZGER, K W  
STREET ADDRESS 734 WILHAM STREET  
CITY-ST-ZIP NEWARK, NJ 02029

TITLE T  
NAME METZGER, W D  
STREET ADDRESS 21622 WYTHEVILLE WAY  
CITY-ST-ZIP LUTZ, FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ORIGINAL**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*[Signature]* Sec. 3/1/06 813 229 3522