

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008784

Entity Name: BUFFALO MEDICAL CENTER, INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-3489197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OGUNTEBI, FEHINTOLA  
109 N ARMENIA AVE  
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: METZGER, TALWO W  
Address: 508 W. DR. MARTIN LUTHER KING, JR. STE. B  
City-St-Zip: TAMPA, FL 33603

Title: VP ( ) Delete  
Name: METZGER, OLD W  
Address: 1433 SOUTH KIRKMAN RD #2051  
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete  
Name: METZGER, K W  
Address: 734 WILHAM STREET  
City-St-Zip: NEWARK, NJ 02029

Title: T ( ) Delete  
Name: METZGER, W D  
Address: 21622 WYTHEVILLE WAY  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: METZGER, TAIWO W  
Address: 508 W. DR. MARTIN LUTHER KING, JR. STE. B  
City-St-Zip: TAMPA, FL 33603

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALWIN METZGER

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date