# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P98000060755

1. Entity Name
MEDICAL CENTERS OF TAMPA BAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3801 CORPOREX PARK DR., STE 110A<br>TAMPA, FL 33619 | 3801 CORPOREX PARK DR., STE 110A<br>TAMPA, FL 33619 |

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3516722

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TITUS, KEITH
13006 PRESTWICK DR.
RIVERVIEW, FL 33569

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 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 | TITUS, KEITH |
| STREET ADDRESS | 13006 PRESTWICK DR. |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | D |
| NAME | FRIEDLANDER, JEFFREY |
| STREET ADDRESS | 850 CENTRAL PARK CIRCLE - APT#303 |
| CITY-ST-ZIP | LAKELAND, FL 33805 |
| TITLE | D |
| NAME | WUBBENA, TROY |
| STREET ADDRESS | 2965 MAPLE TRACE DR |
| CITY-ST-ZIP | TARPON SPRINGS, FL 346892644 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/03/04-80204-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Keith Titus 04/30/04 (813)931-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #