2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086977

Entity Name: TAMPA MEDICAL AND THERAPY CLINIC, INC.

FILED Sep 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2713 W ST ISABEL ST 2711 1/2 W ST ISABEL ST TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 4325 TAMPA, FL 33607

FEI Number: 59-3536893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AVALOS, CATALINA AVALOS, CATALINA 2713 W ST ISABEL ST 2711 1/5 W ST ISABEL ST TAMPA, FL 33607 TAMPA, FL 33607

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: CATALINA C. AVALOS 09/11/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition AVALOS, CATALINA C AVALOS, CATALINA C Name: Name: 2713 W ST ISABEL ST 2711 1/2 W ST ISABEL ST Address: Address: City-St-Zip: TAMPA, FL 33607

City-St-Zip: TAMPA, FL 33607

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: CATALINA C AVALOS **PRES** 09/11/2005