

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106745

FILED
Jan 10, 2005
Secretary of State

Entity Name: FLORIDA MED CENTER OF COUNTRYSIDE, INC.

Current Principal Place of Business:

2595 TAMPA RD
STE N
CLEARWATER, FL 33761 US

New Principal Place of Business:

2595 TAMPA RD
STE M
PALM HARBOR, FL 34684 US

Current Mailing Address:

1840 N. HIGHLAND AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3556449 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAIFI, ALI
1840 N. HIGHLAND AVE.
CLEARWATER, FL 33755 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: P () Delete
Name: SAIFI, ALI
Address: 1840 N HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALI SAIFI

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date