## 2008 FOR PROFIT CORPORATION

## FILED Apr 28, 2008 8:00 am Secretary of State

	ANNOAL	- KEPUKI		~	CCICU	ary or Su	acc
1. Entity Nam	MENT # V46965 • AEL'S MEDICAL CENTER	OF TAMPA, P.A.			04-28-2008	90329 004 ***150	0.00
Principal Plac	e of Rusiness	Mailing Address		401	100100		
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4915 EHRLICH RD. 4915 EHRLICH RD.		r					
Tampa, Fl	US	TAMPA, FL 33624 U	5				
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A D: :-10	1	1 0 14 7 - 4 11					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite Apl. F. etc. Grove St.							
Suite, Apf. #, etc.		Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06)	
City ampa, FL					<del>-</del>		
City & State 7		City & State		4. FEI Number			plied For
				59-3135	235		Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Add	itional
336						Fee Required	l 
	6. Name and Address of Curren	t Registered Agent —		7. Name and A	ddress of New I	Registered Agent	
			Name	120/00	9 18	LALOCK	
THOMAS SABELLA, JR E			Church Addition	DARAS			
6513 N HIMES AVE			Street Addre	ess (P.O. Box Number	IS NOT ACCEPTACE	° 22	
TAMPA, FL 33614				_ ′			-
			$ \leq v_{l}$	1/2 00	7		
			A n	<del></del>		FL ZECT	5/ R
			1270	1 419			<u> </u>
	named entity submits this statement lions of registered agent	for the purpose of changing its r	egistered office or reg	istered agent, prooth	in the State of F	lorida. I am familiar with,	and accept
the obligat	lons of registered agent	5					,
SIGNATURE_				•	4-	24-08	
SIGNATURE.	Signature, typed or printed name of registered ager	of and tide if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
	<u> </u>			<del>-</del> -			
EII.	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$5.00 May Be			
	ay 1, 2008 Fee will be \$550	.00 Trust Fund Contri		Added to Fees			
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTORS	3 (N 11
TITLE	DO	☐ Delete	TITLE			☐ Change	Addition
NAME	GRANELL, ANTHONY C.		NAME				
STREET ADDRESS	4915 EHRLICH RD.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP				
TITLE		□ Delete	TITLE			☐ Change	Addition
NAME		□ Delete	NAME			onengo	
STREET ADDRESS			STREET ADDRESS				
			CITY-SI-ZIP				
CITY-ST-ZIP							
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME	1		NAME				_
STREET ADDRESS							
CITY-ST-ZIP		-	STREET ADDRESS				
TITLE		-	STREET ADDRESS CITY-ST-ZIP				
		Delete				Change	☐ Addition
NAME		☐ Delete	CITY-ST-ZIP			Change	☐ Addition
		□ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
NAME		□ Delete	CITY-ST-ZIP TITLE NAME			[] Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE			☐ Change	☐ Addition

12. I hereby certify that the information supplied win 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 trastee empowered to execute this report as required by Chapter 807, Florida Statutes: and that my name appears in Block 10 or Block 11 if charged, or on an attachment with abordance, with all other like empowered.

Anthony C. Granell, Phd.DO

4/24/08

Daytime Phone #

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date