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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:24

DOCUMENT # 743170 (3)

1. Corporation Name
BRIGHT HORIZONS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1613 N. MARION ST. TAMPA FL 33602-9639	1613 N. MARION ST. TAMPA FL 33602-9639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1978
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0624453 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DOEBLER, RICHARD L~~ ~~4817 N. FLORIDA AVE.~~ ~~TAMPA FL 33603~~	81 Name: HEARING, GREG 82 Street Address (P.O. Box Number is Not Acceptable): 109 NORTH BRUSH STREET 83 84 City: TAMPA, FL 85 Zip Code: 33601

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gregory H. Hearing Board President 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	X Change ☐ Addition
NAME	DOEBLER, RICHARD L	1.2 NAME	HEARING, GREG	
STREET ADDRESS	4817 N. FLORIDA AVE.	1.3 STREET ADDRESS	109 NORTH BRUSH STREET	
CITY-ST-ZIP	TAMPA FL 33603	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33601	
TITLE	VD	2.1 TITLE	VD	X Change ☐ Addition
NAME	HEARING, GREG	2.2 NAME	ARJA, KARIM	
STREET ADDRESS	109 N. BRUSH ST	2.3 STREET ADDRESS	2400 FEATHER SOUND DR. #823	
CITY-ST-ZIP	TAMPA FL 33601	2.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34622	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	CHALFANT, MARSHA	3.2 NAME		
STREET ADDRESS	100 S. ASHLEY ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	X Change ☐ Addition
NAME	ARJA, KARIN	4.2 NAME	WILEY, SALLY	
STREET ADDRESS	2400 FEATHER SOUND DR., #823	4.3 STREET ADDRESS	16601 MILLAN DR.	
CITY-ST-ZIP	CLEARWATER FL 34622	4.4 CITY-ST-ZIP	TAMPA, FLORIDA 33629	
TITLE	D	5.1 TITLE	D	X Change ☐ Addition
NAME	KENNEDY, JIM	5.2 NAME	BARBAS, STEVE	
STREET ADDRESS	2331 TOWERY TR.	5.3 STREET ADDRESS	1802 W. CLEVELAND STREET	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33606	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory H. Hearing Board President 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #