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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **743170** (3)

1. Corporation Name

BRIGHT HORIZONS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1613 N. MARION ST. TAMPA FL 33602-9638	1613 N. MARION ST. TAMPA FL 33602-2638

3. Date Incorporated or Qualified: 06/08/1978
3a. Date of Last Report: 03/18/1996

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

4. FEI Number: 59-0624453 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOEBLER, RICHARD L
4817 N. FLORIDA AVE.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Sally Wiley
82 Street Address (P.O. Box Number is Not Acceptable): 16601 Millan Drive
83:
84 City: Tampa **FL** 85 Zip Code: 33613

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Sally M Wiley — DATE
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOEBLER, RICHARD		1.2 NAME	Sally Wiley	
STREET ADDRESS	4817 N. FLORIDA AVE.		1.3 STREET ADDRESS	16601 Millan Drive	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	Tampa Florida 33613	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GROULX, CAROL		2.2 NAME	Joyce Russell	
STREET ADDRESS	6803 YARDLY OAKS CT.		2.3 STREET ADDRESS	725 E. Kennedy Blvd Third Flour	
CITY-ST-ZIP	TAMPA FL 33625		2.4 CITY-ST-ZIP	Tampa. FL 33602	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAZZARA, HERMAN		3.2 NAME		
STREET ADDRESS	2203 N. LOIS AVE. SUITE 700		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	RUSSELL, JOYCE		4.2 NAME	Gloria Knight	
STREET ADDRESS	725 E. KENNEDY BLVD. THIRD FLOOR		4.3 STREET ADDRESS	2203 N. Lois Ave, Ste. 1000	
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARBAS, STEVE		5.2 NAME		
STREET ADDRESS	1802 W CLEVELAND STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Sally M Wiley SALLY Wiley 1-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047007