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Feb 19 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 # F94000002268 (0)

1. Corporation Name

TAMPA BAY RETIREMENT CENTERS, INC.

Principal Place of Business	Mailing Address
1514 EAST CHELSEA ST TAMPA FL 33610 US	1514 EAST CHELSEA ST TAMPA FL 33610-6114 US

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report: 07/03/1996

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: 74-2382236 ☐ 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

STEWART, SANDI
1514 EAST CHELSEA ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: John B Smith
82 Street Address (P.O. Box Number is Not Acceptable): 1460 Gulf Blvd. 305
83: Clearwater Fla
84 City: FL 85 Zip Code: 34630

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: John B Smith John B Smith Pres 1/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JACK		1.2 NAME	
STREET ADDRESS	1460 GULF BLVD 305		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, FRANCES		2.2 NAME	
STREET ADDRESS	1460 GULF BLVD 305		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENTSCHEL, DONALD		3.2 NAME	
STREET ADDRESS	216 WICKLOUS		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33903		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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: X John B Smith Pres RECEIVED 1/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047758