2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90228 046 ****61.25

DOCUMENT # N00000008094

1. Entity Name
TAMPA BAY ALLIANCE, INC.

Principal Place of Business	Mailing Address
5111 MEMORIAL HWY SUITE 102 TAMPA FL 33634	5111 MEMORIAL HWY SUITE 102 TAMPA FL 33634

2. Principal Place of Business	3. Mailing Address
1000 N. ASHLEY DRIVE	1000 N. ASHLEY DRIVE
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3687023 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EISENSTADT, DEBORAH CPA ~~5111 MEMORIAL HWY~~ ~~SUITE 100~~ TAMPA FL ~~33634~~	Name: Street Address (P.O. Box Number is Not Acceptable): 13605 TWIN LAKES LN City: TAMPA FL Zip Code: 33624

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC	☐ Delete	D	☒ Change ☐ Addition
NAME	MANDEL, IRA G MD			
STREET ADDRESS	6301 MEMORIAL HWY STE 102		9811 WEST PARK VILLAGE	
CITY-ST-ZIP	TAMPA FL 33615		TAMPA, FL 33626	
TITLE	DST	☒ Delete	D	☐ Change ☒ Addition
NAME	SHEESLEY, PHILIP		TREVOR SMITH	
STREET ADDRESS	6301 MEMORIAL HWY STE 102		4234 FAIRWAY CR.	
CITY-ST-ZIP	TAMPA FL 33615		TAMPA, FL 33624	
TITLE	D	☒ Delete	DC	☐ Change ☒ Addition
NAME	SMITH, ADAM		MAURICIO ROSAS	
STREET ADDRESS	401 E JACKSON STREET STE 2100		118 WEST MOHAWK AVE.	
CITY-ST-ZIP	TAMPA FL 33601		TAMPA, FL 33604	
TITLE	D	☒ Delete	D	☐ Change ☒ Addition
NAME	ORBAN, BARBARA PHD		DR. DOUGLAS HOLT	
STREET ADDRESS	13201 BRUCE B DOWNS BLVD MDC 56		P.O. BOX. 5135	
CITY-ST-ZIP	TAMPA FL 33612		TAMPA, FL 33675-5135	
TITLE	D	☒ Delete	D	☐ Change ☒ Addition
NAME	RUGG, ELIZABETH		KAY PERRIN, PHD	
STREET ADDRESS	9800 4TH ST N STE 206		13201 BRUCE B. DOWNS BLVD - MDC-56	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702		TAMPA, FL 33612	
TITLE	D	☐ Delete		☒ Change ☐ Addition
NAME	FREEDMAN, STEVE PHD			
STREET ADDRESS	5700 SW 34TH STREET, STE. 323		18907 Avenue Biarritz	
CITY-ST-ZIP	GAINSVILLE FL 33608		LUTZ, FL 33558	

12. I 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Hochberg RE RE JEFF HOCHBERG 04/14/03 (727) 785-0411

CR2E037 (10/02)