


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 032 ****70.00

DOCUMENT # N03000000525 1. Entity Name TAMPA BAY HEALTHCARE COLLABORATIVE, INC.					
Principal Place of Business 19329 U.S. HWY 19 NORTH, STE. 100 CLEARWATER, FL 33764			Mailing Address 19329 U.S. HWY 19 NORTH, STE. 100 CLEARWATER, FL 33764		
2. Principal Place of Business P.O. Box 56703		3. Mailing Address P.O. Box 56703			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 54-2080380 Applied For <input type="checkbox"/> Not Applicable	
Zip 33732 Country Pinellas		Zip 33732 Country Pinellas		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, PETER J 1213 16TH ST. NORTH ST. PETERSBURG, FL 33705			7. Name and Address of New Registered Agent Name Rosemary Fleishman Street Address (P.O. Box Number is Not Acceptable) 2810 N. 35th Street City TAMPA FL Zip Code 33605		
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 <u><i>Rosemary Fleishman</i></u> DATE <u>3/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	CD BURNS, PETER J <input checked="" type="checkbox"/> Delete 1213 16TH ST. NORTH ST. PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rosemary Fleishman 2810 N. 35th Street TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Delete WILLIAMS, TANYA 4117 E. FOWLER AVE. TAMPA, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephanie Judd 2960 Roosevelt Blvd. Clearwater, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BERRY, ESTRELLITA 7402 N. 56TH ST., #385 TAMPA, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jane Egbert 863 Third Avenue North St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kate Kelly 1189 NE Cleveland St. Clearwater, FL 34615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Nathan 2215 E. Henry Avenue Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Rosemary Fleishman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/30/04</u> 813-247-5433 <small>Daytime Phone #</small>		