


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000000525	
<b>1. Entity Name</b> TAMPA BAY HEALTHCARE COLLABORATIVE, INC.	

<b>Principal Place of Business</b> PO BOX 56703 SAINT PETERSBURG, FL 33732	<b>Mailing Address</b> PO BOX 56703 SAINT PETERSBURG, FL 33732
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04022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 54-2080380	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FLEISHMAN, ROSEMARY 2810 N. 35TH STREET TAMPA, FL 33605
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<b>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.</b>	
<b>SIGNATURE</b> <i>Rosemary Fleishman</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re/instating)</small>	<b>DATE</b> <i>4/6/05</i>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	FLEISHMAN, ROSEMARY
<b>STREET ADDRESS</b>	2810 N. 35TH ST.
<b>CITY-ST-ZIP</b>	TAMPA, FL 33605
<b>TITLE</b>	TD
<b>NAME</b>	JUDD, STEPHANIE
<b>STREET ADDRESS</b>	2960 ROOSEVELT BLVD.
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33760
<b>TITLE</b>	D
<b>NAME</b>	EGBERT, JANE
<b>STREET ADDRESS</b>	863 THIRD AVE. NORTH
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33701
<b>TITLE</b>	D
<b>NAME</b>	KELLY, KATE
<b>STREET ADDRESS</b>	1189 NE CLEVELAN ST.
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 34615
<b>TITLE</b>	D
<b>NAME</b>	NATHAN, KAREN
<b>STREET ADDRESS</b>	2215 E. HENRY AVE.
<b>CITY-ST-ZIP</b>	TAMPA, FL 33610
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/11/05-80096-001 61.25

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<b>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.</b>	
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<b>SIGNATURE:</b> <i>Steve Lesky</i>	<b>DATE</b> <i>4/1/05</i>	<b>DAYTIME PHONE #</b> <i>727-204-9895</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		