



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90100 004 ****61.25

DOCUMENT # N03000000525 1. Entity Name TAMPA BAY HEALTHCARE COLLABORATIVE, INC.					
Principal Place of Business PO BOX 56703 SAINT PETERSBURG, FL 33732			Mailing Address PO BOX 56703 SAINT PETERSBURG, FL 33732		
2. Principal Place of Business PO Box 408 Suite, Apt. #, etc. Valrico FL		3. Mailing Address PO Box 408 Suite, Apt. #, etc. Valrico FL			
City & State 33595-0408 City & State Valrico FL		City & State Valrico FL City & State Valrico FL		4. FEI Number 54-2080380	
Zip 33595-0408		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATHAN, KAREN 2215 E HENRY AVE TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD FLEISHMAN, ROSEMARY 2810 N. 35TH ST. TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD JUDD, STEPHANIE 2960 ROOSEVELT BLVD. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE	Chris Renfrow 915 Chestnut Street Clearwater, FL 33756-5643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D EGBERT, JANE 863 THIRD AVE. NORTH SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE	Estrellita "Lo" Berry 7402 N 56th Street Suite 385 Tampa FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D KELLY, KATE 1189 NE CLEVELAN ST. CLEARWATER, FL 34615	<input type="checkbox"/> Delete	TITLE	Jana Harkin Secretary, Board of Directors Division of General Surgery, TGH 2 Columbia Dr. Room 4145 Tampa FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D NATHAN, KAREN 2215 E. HENRY AVE. TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE	President, Board of Directors Karen Nathan 2215 E. Henry Ave Tampa FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Karen Nathan</i></u> 1-12-06 813-239-1179 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					