2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

FILED Jul 09, 2007 Secretary of State

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 408 1189 N.E. CLEVELAND ST. VALRICO, FL 335950408 CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

PO BOX 408 PO BOX 408

VALRICO, FL 335950408 VALRICO, FL 33595

FEI Number: 54-2080380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NATHAN, KAREN KELLY, KATE

2215 E HENRY AVE 1189 NE CLEVELAND ST TAMPA, FL 33610 US CLEARWATER, FL 33755 US

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.

SIGNATURE: KATE KELLY 07/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FLEISHMAN, ROSEMARY Name: KELLEY, KATE

 Address:
 2810 N. 35TH ST.
 Address:
 1189 NE CLEVELAND STREET

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 CLEARWATER, FL 33755

Title: TD () Delete Title: VPD (X) Change () Addition

 Name:
 RENFROW, CHRIS
 Name:
 RENFROW, CHRIS

 Address:
 915 CHESTNUT STREET
 Address:
 915 CHESTNUT STREET

 City-St-Zip:
 CLEARWATER, FL 337565643
 City-St-Zip:
 CLEARWATER, FL 337565643

Title: D () Delete Title: () Change () Addition

Name: BERRY, ESTRELLITA Name: Address: 742 N. 56TH STREET., STE. 385 Address:

Address: 742 N. 561H STREET., STE. 385 Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip:

Title: SBOD () Delete Title: TD (X) Change () Addition Name: HARTON, JANA Name: HOCHSPRUNG, ANNE

Address: 2 COLUMBIA DR., RM F145 Address: 5771 ROOSEVELT BLVD
City-St-Zip: TAMPA, FL 33606 City-St-Zip: CLEARWATER, FL 33760

Title: PBOD () Delete Title: SBOD (X) Change () Addition

Name: NATHAN, KAREN Name: PIECHOWSKI, DEBBIE

 Address:
 2215 E. HENRY AVE.
 Address:
 PO BOX 408

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 VALRICO, FL 33595

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATE KELLEY PBOD 07/09/2007

Electronic Signature of Signing Officer or Director

Date