

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 09, 2011
Secretary of State

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

Current Principal Place of Business:

33920 U.S. HWY. 19 N.
SUITE #269
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

PO BOX 408
VALRICO, FL 33595

New Mailing Address:

FEI Number: 54-2080380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROLINE, HEPBURN
33920 U.S. HWY 19 N.
SUITE #269
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CAROLINE, HEPBURN
Address: 33920 U.S. HWY 19N
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD
Name: KELLY, TERESA
Address: 9600 KOGER BLVD. SUITE 221
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DIR
Name: CRIST, GREG
Address: 1280 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: TREA
Name: HOCHSPRUNG, ANNE
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: SECR
Name: FRIZZELL, DEBBIE
Address: 11254 58TH ST. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: DIR
Name: MEEGAN, DEBORAH
Address: 517 N PARSONS AVENUE
City-St-Zip: BRANDON, FL 33510

I hereby 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 all other like empowered.

SIGNATURE: CHERI D. WRIGHT-JONES

ED

02/09/2011

Electronic Signature of Signing Officer or Director

Date