

No300000 0525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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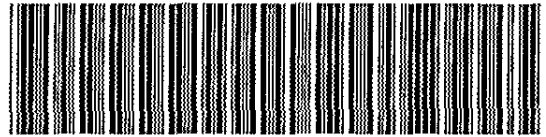
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03 JAN 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

gk/b.

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Tampa Bay Healthcare Collaborative, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Steven Lesky

Name (Printed or typed)

19329 U.S. Highway 19 N. Suite 100

Address

Clearwater, FL 33764

City, State & Zip

(727) 204-9895

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Tampa Bay Healthcare Collaborative, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19329 U.S. Highway 19 N. Suite 100
Clearwater, FL 33764

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Coordinating resources, information, and efforts of our member nonprofit agencies to improve the health, well-being, and safety of people in need throughout the Tampa Bay region.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Election of officers will take place yearly at the annual membership meeting. Simple majority vote procedures will be followed. The Executive Committee chair will give official notice to membership 30 days prior to the election meeting.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Peter J. Burns, 1213 16th St. N., St. Petersburg, FL 33705, Chair
Tanya Williams, 4117 E. Fowler Ave., Tampa, FL 33617, Vice Chair
Estrellita Berry, 7402 N. 56th St., #385, Tampa, FL 33617, Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Peter J. Burns
1213 16th Street North
St. Petersburg, FL 33705

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steven Lesky
19329 U.S. Highway 19 N., Suite 100
Clearwater, FL 33764

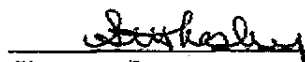
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

1-13-03

Date



Signature/Incorporator

1/13/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA