

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005675

FILED
May 05, 2008
Secretary of State

Entity Name: TAMPA BAY REGIONAL CRITICAL INCIDENT TEAM, INC.

Current Principal Place of Business:

1502 W BUSCH BLVD STE F
TAMPA, FL 33612 US

New Principal Place of Business:

3006 N. PERRY AVE
TAMPA, FL 33603 US

Current Mailing Address:

1502 W BUSCH BLVD STE F
TAMPA, FL 33612 US

New Mailing Address:

3006 N. PERRY AVE
TAMPA, FL 33603 US

FEI Number: 59-3618654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOBLEY, ROGER
2008 8TH AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ANNE, DOUGHERTY
3006 N. PERRY AVE.
TAMPA, FL 33603 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: ANNE DOUGHERTY

05/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOBLEY, ROBERT
Address: 2008 E 8TH AVE
City-St-Zip: TAMPA, FL 33605

Title: VP () Delete
Name: MALIVUK, RICK
Address: 5315 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: ROSS, MEG
Address: 4202 E FOWLER AVE UPB002
City-St-Zip: DADE CITY, FL 33523

Title: TD () Delete
Name: DOUGHERTY, ANNE
Address: 3006 PERRY AVE
City-St-Zip: TAMPA, FL 33603

Title: CD (X) Delete
Name: COHEN, MARTIN DR.
Address: 12108 N. 56TH STREET, SUITE F
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TUNGATE, ROBERT
Address: 411 N. FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Change () Addition
Name: BARNWELL, MARK
Address: 2008 8TH STREET
City-St-Zip: TAMPA, FL 33605

Title: S (X) Change () Addition
Name: STRICKLAND, JUSINE
Address: 2008 8TH STREET
City-St-Zip: TAMPA, FL 33605

Title: T (X) Change () Addition
Name: DOUGHERTY, ANNE
Address: 3006 N. PERRY AVE.
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SR. ANNE DOUGHERTY

TREA

05/05/2008

Electronic Signature of Signing Officer or Director

Date