


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000525**

1. Entity Name  
**TAMPA BAY HEALTHCARE COLLABORATIVE, INC.**



Principal Place of Business      Mailing Address

PO BOX 56703      PO BOX 56703  
SAINT PETERSBURG, FL 33732      SAINT PETERSBURG, FL 33732



04022005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**54-2080380**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FLEISHMAN, ROSEMARY  
2810 N. 35TH STREET  
TAMPA, FL 33605

**DO NOT WRITE  
IN THIS SPACE**

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: *Rosemary Fleishman*      *Rosemary Fleishman, President, Board of Directors*      DATE: *4/6/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-instating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLEISHMAN, ROSEMARY
STREET ADDRESS	2810 N. 35TH ST.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	TD
NAME	JUDD, STEPHANIE
STREET ADDRESS	2960 ROOSEVELT BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	EGBERT, JANE
STREET ADDRESS	863 THIRD AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	KELLY, KATE
STREET ADDRESS	1189 NE CLEVELAN ST.
CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	D
NAME	NATHAN, KAREN
STREET ADDRESS	2215 E. HENRY AVE.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000299095  
04/11/05-80096-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steve Lesky*      *Steve Lesky*      DATE: *4/11/05*      DAYTIME PHONE #: *727-204-9895*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #