

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

FILED
Mar 12, 2008
Secretary of State

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

Current Principal Place of Business:

1189 N.E. CLEVELAND ST.
CLEARWATER, FL 33756

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:

KELLY, KATE
1189 NE CLEVELAND ST
CLEARWATER, FL 33755 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 () Delete
Name: KELLEY, KATE
Address: 1189 NE CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: VPD () Delete
Name: RENFROW, CHRIS
Address: 915 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 337565643

Title: D () Delete
Name: BERRY, ESTRELLITA
Address: 742 N. 56TH STREET., STE. 385
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: HOCHSPRUNG, ANNE
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: SBOD () Delete
Name: PIECHOWSKI, DEBBIE
Address: PO BOX 408
City-St-Zip: VALRICO, FL 33595

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DIR () Change (X) Addition
Name: REYES, JAVIER
Address: PO BOX 408
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: KATHLEEN KELLY

PRES

03/12/2008

Electronic Signature of Signing Officer or Director

Date