2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

FILED Apr 17, 2012 Secretary of State

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

Current Principal Place of Business: New Principal Place of Business:

33920 U.S. HWY. 19 N. SUITE #269

PALM HARBOR, FL 34684

Current Mailing Address: New Mailing Address:

PO BOX 408 PO BOX 2252

VALRICO, FL 33595 DUNEDIN, FL 34698

FEI Number: 54-2080380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAROLINE, HEPBURN

33920 U.S. HWY 19 N.

33920 U.S. HWY 19 N.

SUITE #269
PALM HARBOR, FL 34684 US
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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: TERESA KELLY 04/17/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 KELLY, TERESA

 Address:
 33920 U.S. HWY 19N

 City-St-Zip:
 PALM HARBOR, FL 34684

Title: TREA

Name: SCHNOKE, MICHAEL
Address: 10751 ULMERTON RD
City-St-Zip: LARGO, FL 33778

Title: DIR

 Name:
 CRIST, GREG

 Address:
 1280 COURT STREET

 City-St-Zip:
 CLEARWATER, FL 33756

Title: DIR Name: RUIZ, EVA

Address: 2002 E. 26TH AVENUE City-St-Zip: TAMPA, FL 33605

Title: DIR

Name: MOWAT, MARISA Address: 1404 E. FOWLER AVE City-St-Zip: TAMPA, FL 33612

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: TERESA KELLY PRES 04/17/2012