

525 00000030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

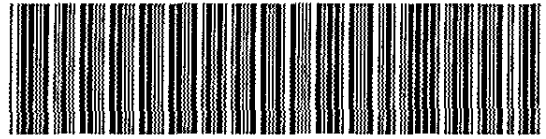
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009865452

01/15/03--01032--012 \*\*70.00

FILED  
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

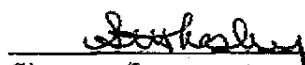
**ARTICLE VII INCORPORATOR**

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

FILED  
03 JAN 15 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA