

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2016
Secretary of State
CC7124770839

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

Current Principal Place of Business:

33920 U.S. HWY. 19 N.
SUITE #269
PALM HARBOR, FL 34684

Current Mailing Address:

PO BOX 2252
DUNEDIN, FL 34698

FEI Number: 54-2080380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRIST, GREGORY
33920 U.S. HWY 19 N.
SUITE #269
PALM HARBOR, FL 34684 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FLETCHER, MALCOLM
Address 33920 U.S. HWY. 19 N.
 SUITE #269
City-State-Zip: PALM HARBOR FL 34684

Title VP
Name LEEDY, LYNDA
Address 4300 W. CYPRESS STREET
City-State-Zip: TAMPA FL 33607

Title DIR
Name CRUISE, MARK R
Address 400 4TH AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title EXECUTIVE DIRECTOR
Name HEPBURN, CARRIE Y
Address PO BOX 2252
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name SHOUPPE, CLINT
Address 33920 U.S. HWY. 19 N.
 SUITE #269
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER
Name HASEGAWA, MARK
Address 33920 U.S. HWY. 19 N.
 SUITE #269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name TAYLOR, KATHLEEN
Address 33920 U.S. HWY. 19 N.
 SUITE #269
City-State-Zip: PALM HARBOR FL 34684

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: CARRIE Y. HEPBURN

EXECUTIVE DIRECTOR

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date