2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

FILED Apr 29, 2017 Secretary of State CC9090929662

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:

HEPBURN, CAROLINE YVONNE 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: CAROLINE Y. HEPBURN 04/29/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

TitleDIRECTORTitleCHAIRMANNameBEST, ALICIANameLEEDY, LYNDA

Address 33920 U.S. HWY. 19 N. Address 4300 W. CYPRESS STREET

SUITE #269

PALM HARBOR FL 34684

City-State-Zip: TAMPA FL 33607

Title SECRETARY

Title EXECUTIVE DIRECTOR
Name HEPBURN, CARRIE Y

Name LANDRY, ARIEL Address PO BOX 2252

Address 400 4TH AVENUE SOUTH

City-State-Zip: DUNEDIN FL 34698

City-State-Zip: ST. PETERSBURG FL 33701

Title VC ... Title DIRECTOR

Name SHOUPPE, CLINT Address 33920 U.S. HWY. 19 N.

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

SUITE #269 City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR DIRECTOR

Name MCGEE, MEGAN
Name MILLETTE, LEAH

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

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

City-State-Zip: PALM HARBOR FL 34684

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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 04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

BARBER-HEINZ, LEAH Name 33920 U.S. HWY. 19 N. SUITE #269 Address

City-State-Zip: PALM HARBOR FL 34684