

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000525

**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	PRES
Name	CRIST, GREGORY
Address	33920 U.S. HWY 19N
City-State-Zip:	PALM HARBOR FL 34684

Title	VPRE
Name	SCHNOKE, MICHAEL
Address	10751 ULMERTON RD
City-State-Zip:	LARGO FL 33778

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

Title	SEC
Name	JOHNSON, KELLI
Address	14254 STATE ROAD 574
City-State-Zip:	DOVER FL 33605

Title	DIR
Name	RUIZ, EVA
Address	1105 E. KENNEDY BLVD.
City-State-Zip:	TAMPA FL 33602

Title	DIR
Name	AVALOS, MARIA
Address	5905 BRECKENRIDGE PKWY., STE. F
City-State-Zip:	TAMPA FL 33610

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

*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****04/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date