

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.

FILED
Apr 11, 2022
Secretary of State
2076613275CC

Current Principal Place of Business:

430 3RD AVE S
SUITE #379
ST PETERSBURG, FL 33701

Current Mailing Address:

PO BOX 835
ST PETERSBURG, FL 33731 US

FEI Number: 54-2080380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, SHERON M
430 3RD AVE S
SUITE #379
ST PETERSBURG, FL 33701 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: SHERON M BROWN

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name BROWN, SHERON M
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name GONZALEZ, LEAH
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name POWE, TAMIKA
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name SOKOLOV, DEBBIE
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title CHAIRMAN
Name LEWIS, KRISTEN
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name HALL, MELANIE
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title VC
Name BERRY, BELINTHIA
Address PO BOX 835
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR
Name SEYMOUR, MEIKO
Address PO BOX 835
City-State-Zip: ST. PETERSBURG FL 33731

Continues on page 2

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: SHERON M. BROWN

**CEO/EXECUTIVE
DIRECTOR**

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TIERNAN, CHUCK
Address PO BOX 835
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR
Name SCHULKOWSKI, REBECCA
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name PRAGER, LAUREN
Address PO BOX 835
City-State-Zip: ST PETERSBURG FL 33731