

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000525

Entity Name: TAMPA BAY HEALTHCARE COLLABORATIVE, INC.**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

01/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CHAIRMAN
Name SEYMOUR, MEIKO
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

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 BROWN**REGISTERED AGENT**

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date