

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000525

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

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC7124770839**

**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