

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000525

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC9090929662**

**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:**

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 :**

Title DIRECTOR  
Name BEST, ALICIA  
Address 33920 U.S. HWY. 19 N.  
SUITE #269  
City-State-Zip: PALM HARBOR FL 34684

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

Title SECRETARY  
Name LANDRY, ARIEL  
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 VC  
Name SHOUPPE, CLINT  
Address 33920 U.S. HWY. 19 N.  
SUITE #269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name LINDERMAN, BETHANY  
Address 33920 U.S. HWY. 19 N.  
SUITE #269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name MILLETTE, LEAH  
Address 33920 U.S. HWY. 19 N.  
SUITE #269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name MCGEE, MEGAN  
Address 33920 U.S. HWY. 19 N.  
SUITE #269  
City-State-Zip: PALM HARBOR FL 34684

**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:** CARRIE Y. HEPBURN

EXECUTIVE DIRECTOR

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BARBER-HEINZ, LEAH  
Address        33920 U.S. HWY. 19 N.  
                  SUITE #269  
City-State-Zip: PALM HARBOR FL 34684