

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2013
Secretary of State
CC9105141238

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, LYNDA
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