

2021 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:** Yes**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

04/09/2021

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	TREASURER
Name	SHOUPPE, CLINT
Address	PO BOX 835
City-State-Zip:	ST PETERSBURG FL 33731

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

Title	CHAIRMAN
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	DIRECTOR
Name	MAGIDSON, MICHAEL
Address	PO BOX 835
City-State-Zip:	ST PETERSBURG FL 33731

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

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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

EXECUTIVE DIRECTOR

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALL, MELANIE
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

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

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