

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003757

**FILED**  
**Apr 14, 2022**  
**Secretary of State**  
**8791983160CC**

**Entity Name:** TAMPA BAY ACADEMY OF COLLABORATIVE PROFESSIONALS, INC.

**Current Principal Place of Business:**

100 SOUTH ASHLEY STREET  
STE. 300  
TAMPA, FL 33602

**Current Mailing Address:**

100 SOUTH ASHLEY STREET  
STE. 300  
TAMPA, FL 33602 US

**FEI Number: 20-5504943**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DERR, CHRISTINE  
100 SOUTH ASHLEY DRIVE  
STE. 300  
TAMPA, FL 33602 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: CHRISTINE DERR**

**04/14/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DERR, CHRISTINE  
Address 100 S. ASHLEY DRIVE, SUITE 300  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SIKORSKE, CAROLINE B  
Address 307 S. MAGNOLIA AVENUE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name LEWIS, MICHAEL  
Address 1530 W. CLEVELAND STREET  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name BOULLOSA, ALICE  
Address 515 WEST BAY STREET  
STE 100  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name HIMES, FRASER  
Address 601 BAYSHORE BOULEVARD  
SUITE 615  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name DIMEO, KRISTIN CPA  
Address 1530 WEST CLEVELAND STREET  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name PHILLIPS, ANTHONY CPA,ABV  
Address 1530 WEST CLEVELAND STREET  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name HUGHES, ALLYSON  
Address 7604 MASSACHUSETTS AVENUE  
City-State-Zip: NEW PORT RICHEY FL 34653

**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: J. DAVID HARPER**

**DIRECTOR**

**04/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name TENRET, TINA  
Address 515 WEST BAY STREET  
STE. 100  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name KOCH, KY  
Address 200 N. GARDEN AVENUE  
SUITE A  
City-State-Zip: CLEARWATER FL 33755

Title CO-CHAIRMAN  
Name COSTELLO, KIM E DR.  
Address 8081 38TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name WARE, ELLEN  
Address 600 S. MAGNOLIA AVENUE  
SUITE 225  
City-State-Zip: TAMPA FL 33606

Title TREASURER  
Name HARPER, DAVID  
Address 2358 DREW STREET  
City-State-Zip: CLEARWATER FL 33765

Title CO-CHAIRMAN  
Name GREENE, RALEIGH "LEE"  
Address GREENE & GREENE  
401 FOURTH ST. N.  
City-State-Zip: ST. PETERSBURG FL 33701