

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000014135

**Entity Name:** MEDICAL GEMACH OF TAMPA BAY, INC.

**Current Principal Place of Business:**

13065 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

13065 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33592 US

**FEI Number: 87-4471802**

**Certificate of Status Desired: No**

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

MORRIS, MICHAEL P  
13065 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33592 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 P  
Name MORRIS, MICHAEL P  
Address 13065 MORRIS BRIDGE ROAD  
City-State-Zip: THONOTOSASSA FL 33592

Title TRES  
Name MORRIS, DEBRA D  
Address 13065 MORRIS BRIDGE ROAD  
City-State-Zip: THONOTOSASSA FL 33592

Title VP  
Name BACKMAN, AHARON D  
Address 12301 NORTH 52ND STREET  
City-State-Zip: TAMPA FL 33617

Title SEC  
Name RONAY, JOANNE L  
Address 803 COTTAGE HILL WAY  
City-State-Zip: BRANDON FL 33511

Title VP  
Name SCHLOMANN, WALTER Z  
Address 9617 NORTH OKLAWAHA AVENUE  
City-State-Zip: TAMPA FL 33617

*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: MICHAEL P MORRIS**

**PRESIDENT**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date