

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000059692

**Entity Name:** TAMPA BAY PROVIDER GROUP, INC.**Current Principal Place of Business:**3500 E. FLETCHER AVE  
SUITE 201  
TAMPA, FL 33613**Current Mailing Address:**3500 E. FLETCHER AVE  
SUITE 201  
TAMPA, FL 33613 US**FEI Number:** 59-3339351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELCHAHAL, SAMI DR.  
3500 E. FLETCHER AVE, STE. 201  
TAMPA, FL 33613 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:** SAMI ELCHAHAL

03/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | PD                                |
| Name            | ELCHAHAL, SAMI DR.                |
| Address         | 3500 E. FLETCHER AVE<br>SUITE 201 |
| City-State-Zip: | TAMPA FL 33613                    |
| Title           | TD                                |
| Name            | FOX, ROGER MD                     |
| Address         | 13801 BRUCE B DOWNS BLVD          |
| City-State-Zip: | TAMPA FL 33613                    |
| Title           | DIRECTOR                          |
| Name            | DIASTI, SAM DR.                   |
| Address         | 3500 E. FLETCHER AVE<br>SUITE 201 |
| City-State-Zip: | TAMPA FL 33613                    |
| Title           | DIRECTOR                          |
| Name            | PITTMAN, CHRISTOPHER DR.          |
| Address         | 3000 MEDICAL PARK DR              |
| City-State-Zip: | TAMPA FL 33607                    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | VD                                |
| Name            | HERRERO, BELEN DR.                |
| Address         | 17417 BRIDGE HILL CT.             |
| City-State-Zip: | TAMPA FL 33647                    |
| Title           | M. D.                             |
| Name            | CARADONNA, JOSEPH MD DR.          |
| Address         | 14547 BRUCE B. DOWNS BLVD, #A     |
| City-State-Zip: | TAMPA FL 33613                    |
| Title           | DIRECTOR                          |
| Name            | BOGHADADI, MONA DR.               |
| Address         | 27348 CASHFORD CIRCLE             |
| City-State-Zip: | WESLEY CHAPEL FL 33543            |
| Title           | DIRECTOR                          |
| Name            | NEWTON, MICHAEL DR.               |
| Address         | 14523 BRUCE B. DOWNS BLVD.<br>502 |
| City-State-Zip: | TAMPA FL 33613                    |

**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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMI ELCHAHAL**PRESIDENT**

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'NEAL, HENRY DR.  
Address 13701 BRUCE B. DOWNS BLVD  
113  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR  
Name WATKINS, STANLEY DR.  
Address 1942 HIGHLAND OAKS BLVD.,  
A  
City-State-Zip: LUTZ FL 33549

Title DIRECTOR  
Name ROSE, JOEL DR.  
Address 6101 WEBB ROAD  
207  
City-State-Zip: TAMPA FL 33615

Title DIRECTOR  
Name RUIZ-RAMON, PABLO DR.  
Address 3500 E. FLETCHER AVE., SUITE 218  
City-State-Zip: TAMPA FL 33613