

2015 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:**HYATT, HENRY
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:** HENRY HYATT

02/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HYATT, HENRY DR.
Address 3268 COVE BEND DR
City-State-Zip: TAMPA FL 33613

Title VD
Name HERRERO, BELEN DR.
Address 17417 BRIDGE HILL CT.
City-State-Zip: TAMPA FL 33647

Title TD
Name FOX, ROGER MD
Address 13801 BRUCE B DOWNS BLVD
City-State-Zip: TAMPA FL 33613

Title M. D.
Name CARADONNA, JOSEPH MD DR.
Address 14547 BRUCE B. DOWNS BLVD, #A
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name BEACH, COLIN DR.
Address 15285 AMBERLY DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name BOGHADADI, MONA DR.
Address 27348 CASHFORD CIRCLE
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR
Name ELCHAHAL, SAMI DR.
Address 3000 E. FLETCHER AVE.,
220
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name PITTMAN, CHRISTOPHER DR.
Address 3000 MEDICAL PARK DR
City-State-Zip: TAMPA FL 33607

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: HENRY HYATT

PRESIDENT

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEWTON, MICHAEL DR.
Address 14523 BRUCE B. DOWNS BLVD.
502
City-State-Zip: TAMPA FL 33613

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

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 SARAIYA, CHANDRESH DR.
Address 2150 VIA BELIA BLVD
City-State-Zip: LAND O LAKES FL 34639