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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

F36146

(1)

DOCUMENT #

1. Corporation Name

TAMPA BAY HEALTH SERVICES, INC.

Principal Place of 1956 W DR TAMPA FL 3	Mailing Address 1956 W DR MARTIN LUTHER KING, JR. BLVD TAMPA FL 33607					* 19811-98 TODE (AILD BIGG) 19911 B	1949 <b>9</b> 131 <b>9</b> 1831 <b>9</b>		114 <b>0 101 0 0 0</b> 1	
						3.	Date Incorporated or Qualified 05/26/1981	3a. Date	of Last R 05/01/1	995
Principal Place of Business     The Principal Place of Business		2a. Mai 26	2a. Mailing Address 26			4.	FEI Number <b>59-2118790</b>		<b>⊢</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suit 27	Suite, Apt. #. etc.			5.	Certificate of Status Desired			Additional Required
City & State		Orty 28	City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be of to Fees
Zip <b>24</b>	Country 25	7ip		Count	ry	8.	This corporation has liability for Florida Statutes 🔲 Yes	intangible ta s □No		
	9. Name and Address of Current	Registered	i Agent		41 50-3-3	10.	Name and Address of New	Registered	Agent	
TRIMBL		81 Name								
2400 BI		82 Street A			iress (P.O. Box Number is Not Acceptable)					
OUDVIA	DO FL 32803				4 City				<b>  1</b>   <b> </b>   <b> </b>	) Code
	oden obsek (Mat Marin meneralism com a service service meneralism con a service servic				′			FL		
or registered	the provisions of Sections 607.0502 diagent, or both, in the State of Florid , and accept the obligations of, Section	la. Such char	nge was authori:	red by the co	named corporation's boar	ation s d of di	submits this statement for the pu irectors. I hereby accept the app	irpose of cha pointment as	inging its r registered	egistered office agent. I am
SIGNATURE	phatore, typed or picted himse of rejetices agent a	and the if a given-b		Off Bag Stered A	oens signature regunda	d where re	sine taling)	DATE		
12.	OFFICERS AND	DIBLETOR		13.		1	ADDITIONS/CHANGES TO OF			
TITLE	ZARATE, RENE		<b>X</b> ) DEFE∃E	1. <b>1</b> TITL		JD.		Ĺ	Change	Addition Addition
NAME STREET ADDRESS	2511 W VIRGINIA AVE			1.2 NAM	t Abobee	MAIL	Jamigan			
CITY - ST - ZIP	TAMPA, FL 33607				ET ADDRESS 70	50	GALL Blud. 22	541		
TITLE	VD		<b>EX</b> ) DELETE	2 1 Till		5	ychills, FL. 33		Change	<b>▼</b> L Addition
NAME	ZARATE, JOHN			2.2 NAM	11.7	SER	T Dodd			,-
STREET ADDRESS	8709 MCADAM PL TAMPA FL			2 3 STRE			GALL Blud			
CITY-ST-7IP	VDS		(II) DELETE		·SI·ZIP 2.	sph	ychills, FL. 33	241	7 05	<b>B</b> Lies
NAME	ZARATE, RENE J.		<b>FE</b> DECEN	3 1 TITs			Managa	L	Change	Addition
STREET ADDRESS	2303 SUNVIEW AVE				₩.A.		HAUBEN GAII BIUD.			
CITY - ST - 7IF	VALRICO FL			3 4 CITY		_	ychills, FL. 33	541		
TITLE			DELECE	4 1 TITL	้รโ	7	71-1111-19-1		Change	X Addition
NAME				4.2 N4M	E Bi	il i	י מפצויש			
STREET ADDRESS						50	GAIL Blud.	2541		
CITY-ST-ZIP TITLE			[ ] DELETE	4.4 CITY 5.1 TITE		æp.h	ychills, FL 33		Change	Addition
NAME			C1	5 2 NAM	4.2	ST.	<b>'</b>	Ļ	_ change	M ricalion
STREET ADDRESS					ET ADDRESS De	Ne	e Hirrichs			
CITY - S1 - ZIP				5 4 CITY	-SI-ZiP	s o cok	VEHILL PL. 33	541		
TITLE			DELETE	6 1 T TL	E	T	,,		] Change	Addition
NAME				6.2 NAM						
STREET ADDRESS					ET ADDRESS					
certify that the cath; that I a appears in E	certify that the information supplied while information indicated on this annual or an officer or director of the corpor slock 12 or Block 13 if changed, or a slock 12 or Block 13 if changed.	al report or s ation or the r	upplemental anz receiver or truste	iual report is t le empowered	ocs not qualify for	te and	that my signature shall have the	same local	effect as if	made under
SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR Date Destand Phone &										

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