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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F36146 (1)

1. Corporation Name

TAMPA BAY HEALTH SERVICES, INC.



Principal Place of Business

1956 W DR MARTIN LUTHER KING, JR. BLVD  
TAMPA FL 33607

Mailing Address

1956 W DR MARTIN LUTHER KING, JR. BLVD  
TAMPA FL 33607

3. Date Incorporated or Qualified  
05/26/1981

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, T. L.  
2400 BEDFORD ROAD  
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DPT	ZARATE, RENE	2511 W VIRGINIA AVE	TAMPA, FL 33607	<input checked="" type="checkbox"/>
VD	ZARATE, JOHN	8709 MCADAM PL	TAMPA FL	<input checked="" type="checkbox"/>
VDS	ZARATE, RENE J.	2303 SUNVIEW AVE	VALRICO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
CLD	DONALD Jernigan	7050 GALL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	ROBERT Dodd	7050 GALL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	DAVID HAUGEN	7050 GALL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Bill Wilson	7050 GALL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASST. S.	Denee Hinrichs	7050 GALL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)