## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

2400 BEDFORD ROAD

ORLANDO FL 32803

DOCUMENT # F36146 TAMPA BAY HEALTH SERVICES, INC. Mailing Address Principal Place of Business 1956 W DR MARTIN LUTHER KING, JR. BLVD 1956 W DR MARTIN LUTHER KING, JR. BLVD TAMPA FL 33607 TAMPA FL 33607 3a. Date of Last Report 3. Date Incorporated or Qualified 05/26/1981 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2118790 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | 23 28 Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 X Yes No 24 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRIMBLE, T. L.

83 City Zip Code

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

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 il applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CD TITLE ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE JERNIGAN, DONALD NAME 1.2 NAME 7050 GALL BLVD. STREET ADDRESS 1.3 STREET ADDRESS ZEPHYRHILLS FL 1,4 CITY - ST - ZIP CiTY - ST - ZIP VCD TITLE DELETE Change Addition 2.1 TITLE DODD, ROBERT NAME 2.2 NAME 7050 GALL BLVD. STREET ADDRESS 23 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change TITLE ☐ DELETE 3.1 TITLE Addition MANUSENX RAYIR NAME 3.2 NAME HAUGEN, DAVID 7050 GALL BLVD. STREET ADDRESS 3.3 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE WILSON, BILL NAME 4. 2 NAME 7050 GALL BLVD. STREET ADDRESS 4.3 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **HIMTHURIS X DENEZ** HERNDON, JUNE M. NAME 5.2 NAME 7050 GALL BLVD. STREET ADDRESS 5.3 STREET ADDRESS ZEPHYRHILLS FL CITY-SI-ZIP 5.4 CITY-ST-ZIP 400002177644 Cnange -05/14/97--01003--009 Addition TITLE DELETE 6.1 TITLE NAME 62 NAME 5/6/97 STREET ADORESS 6.3 STREET ADDRESS \*\*\*165.00 CITY-ST-7IP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 06 1997 8:00am

Secretary of State