

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001153

Entity Name: THC OF TAMPA, INC.

FILED  
Jul 07, 2004  
Secretary of State

## Current Principal Place of Business:

11400 SE 6TH STREET  
SUITE 100  
BELLEVUE, WA 98004 US

## New Principal Place of Business:

## Current Mailing Address:

11400 SE 6TH STREET  
SUITE 100  
BELLEVUE, WA 98004 US

## New Mailing Address:

FEI Number: 54-1846023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: PERRY, WAYNE  
Address: 11400 SE 6TH STREET STE 100  
City-St-Zip: BELLEVUE, WA 98004

Title: DSVP ( ) Delete  
Name: ADAMS, DON  
Address: 11400 SE 6TH STREET STE 100  
City-St-Zip: BELLEVUE, WA 98004

Title: VP (X) Delete  
Name: POMEROY, DARLA  
Address: 11400 SE 6TH STREET STE 100  
City-St-Zip: BELLEVUE, WA 98004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSV (X) Change ( ) Addition  
Name: ADAMS, DON  
Address: 11400 SE 6TH STREET STE 100  
City-St-Zip: BELLEVUE, WA 98004

Title: VS (X) Change ( ) Addition  
Name: POMEROY, DARLA  
Address: 11400 SE 6TH STREET STE 100  
City-St-Zip: BELLEVUE, WA 98004

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DON ADAMS

SV

07/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date