


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2006-90001-009-\$550.00-\$550.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> G94648                      |  |
| <b>1. Entity Name</b><br>TAMPA BAY CARE, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>3218 W AZEELE ST<br>TAMPA FL 33609 | <b>Mailing Address</b><br>3218 W AZEELE ST<br>TAMPA FL 33609 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b> |
|--|

MILLER, JEFFREY L.  
3218 W. AZEELE ST.  
TAMPA FL 33609

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
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|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

8. 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. I am familiar with, and accept the obligations of registered agent.

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 6, 2006</b><br><b>Make Check Payable to Florida Department of State</b> | S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS |                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PVTD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILLER, JEFFREY L.                   | NAME  |   |
| STREET ADDRESS             | 4916 BAY WAY DR                      | STREET ADDRESS  |   |
| CITY - ST - ZIP            | TAMPA FL                             | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                      | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                      | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                      | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                      | CITY - ST - ZIP                                       |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

|                   |             |
|-------------------|-------------|
| <b>SIGNATURE:</b> | <b>DATE</b> |
|-------------------|-------------|

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/06 873 879 1188

K. Eckel SEP 25 2006