

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:24

DOCUMENT # H71675 (3)

1. Corporation Name

TAMPA BAY HEALTH ENTERPRISES, INC.

Principal Place of Business

14001 DALLAS PARKWAY
SUITE 200
DALLAS TX 75240
US

Mailing Address

14001 DALLAS PARKWAY
SUITE 200
DALLAS TX 75240
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1985

3a. Date of Last Report

02/11/1994

4. FEI Number

95-4077216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 2700 Colorado Ave.

2a. Mailing Address

26 2700 Colorado Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Santa Monica, Ca

City & State

28 Santa Monica, Ca

Zip

24 90404

Country

25 USA

Zip

29 90404

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP/AS
NAME SMITH, W. R.
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP DALLAS TX

TITLE AT
NAME ABDUL, EDWARD W, JR
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP DALLAS TX

TITLE TD
NAME MURDOCK, MICHAEL N.
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP DALLAS TX

TITLE VAS
NAME BARRETT, WILLIAM A
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP DALLAS TX

TITLE P
NAME ROWE, GARY
STREET ADDRESS 14001 DALLAS PARKWAY, SUITE 200
CITY ST ZIP DALLAS TX

TITLE AS
NAME GLUCK, MARCIA R
STREET ADDRESS 14001 DALLAS PARKWAY, SUITE 200
CITY ST ZIP DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/SVP/S ☒ Change ☐ Addition
1.2 NAME Scott M. Brown
1.3 STREET ADDRESS 2700 Colorado Ave.
1.4 CITY ST ZIP Santa Monica, Ca 90404

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Michael H. Focht, Sr.
2.3 STREET ADDRESS 2700 Colorado Ave.
2.4 CITY ST ZIP Santa Monica, Ca 90404

3.1 TITLE EVP ☒ Change ☐ Addition
3.2 NAME Thomas B. Mackey
3.3 STREET ADDRESS 2700 Colorado Ave.
3.4 CITY ST ZIP Santa Monica, Ca 90404

4.1 TITLE VP/T ☒ Change ☐ Addition
4.2 NAME Terence P. McMullen
4.3 STREET ADDRESS 2700 Colorado Ave.
4.4 CITY ST ZIP Santa Monica, Ca 90404

5.1 TITLE EVP ☒ Change ☐ Addition
5.2 NAME W. Randolph Smith
5.3 STREET ADDRESS 14001 Dallas Parkway, Ste. 200
5.4 CITY ST ZIP Dallas, Tx 75240

6.1 TITLE VP/AS ☒ Change ☐ Addition
6.2 NAME Thomas J. Sabatino, Jr.
6.3 STREET ADDRESS 14001 Dallas Parkway, Ste. 200
6.4 CITY ST ZIP Dallas, Tx 75240

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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Sabatino, Jr. 4/1/95 214/789-2465