SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:53

DOCUMENT # L65205 (1)

1. Corporation Name

TAMPA BAY ASSOCIATES HEALTHCARE EXECUTIVE SOFTWA
RE SERVICES, INC.

Principal Place of Business	Mailing Address
% STONE REUNING 111 WEST SHORE BLVD. STE 207 TAMPA FL 33607	1111 N. WESTSHORE BLVD 1111 N WESTSHORE BLVD STE 207 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3013465 ☐ 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	2a. Mailing Address
21 3236 LAWN AVE.	26 3236 LAWN AVE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: TAMPA, FL	28 City & State: TAMPA, FL
24 Zip: 33611 25 Country: USA	29 Zip: 33611 30 Country: USA

9. Name and Address of Current Registered Agent

REUNING, STONE
1111 N. WESTSHORE BLVD, STE 207
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: STONE REUNING
82 Street Address (P.O. Box Number is Not Acceptable): 3236 LAWN AVE.
83
84 City: TAMPA FL 85 Zip Code: 33611

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REUNING, STONE
STREET ADDRESS	3236 LAWN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1–6: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition — blank)

CR2E034 (3/95)

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)(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: [signature] STONE REUNING 3/22/95 (813) 835-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 CP