

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L91834

1. Entity Name
HEALTHCARE CONNECTION OF TAMPA, INC.



Principal Place of Business
825 W LINEBAUGH AVE
TAMPA, FL 33612 US

Mailing Address
825 W LINEBAUGH AVE
TAMPA, FL 33612 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3038039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, TIMOTHY J
825 W LINEBAUGH AVE
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
000000013556
05/08/08-80020-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MYERS, DAVID P 825 W LINEBAUGH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

813 477 2437

Daytime Phone #