


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N01318** (7)

1. Corporation Name

TAMPA COMMUNITY HEALTH CENTER, INC.



Principal Place of Business	Mailing Address
1702 E. 17TH AVENUE P.O. BOX 5299 TAMPA FL 33675	1702 E. 17TH AVENUE P.O. BOX 5299 TAMPA FL 33675-5299

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/08/1984	3a. Date of Last Report 06/24/1996
4. FEI Number 59-2420282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, MARY
5503 B. POKEWEED COURT
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMWELL, THEOPHOLUS	
STREET ADDRESS	7615 HORSE POND ROAD	
CITY-ST-ZIP	ODESSA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GLOVER, DEBORAH	
STREET ADDRESS	2942 W. COLUMBUS DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, MARY	
STREET ADDRESS	5503 B. POKEWEED CURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWTON, EARL W.	
STREET ADDRESS	4808 ASHLAND DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JACKSON, HAROLD	
STREET ADDRESS	11501 GLENMONT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Haymond, Stephanie	
1.3 STREET ADDRESS	11115 N. 20th ST.	
1.4 CITY-ST-ZIP	Tampa, FL 33612	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HINES, ANNIP	
2.3 STREET ADDRESS	7517 N. 40th ST	
2.4 CITY-ST-ZIP	APT 204C TAMPA, FL 33604	
3.1 TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Loaks, Norma	
3.3 STREET ADDRESS	110 N. Albany Avenue	
3.4 CITY-ST-ZIP	TAMPA, FL 33606	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKSON, HAROLD	
4.3 STREET ADDRESS	11501 GLENMONT DR	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Terrence M. Shirley	
5.3 STREET ADDRESS	1702 E. 17th Ave	
5.4 CITY-ST-ZIP	TAMPA, FL	
6.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nathanial Forbes	
6.3 STREET ADDRESS	1702 E. 17th Ave	
6.4 CITY-ST-ZIP	TAMPA, FL	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathanial Forbes* *Nathanial Forbes, Chief Finance Officer* 4/15/97 (813) 247-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048144

CR2E037 (9/96)