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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State # DIVISION OF CORPORATIONS

1997

TAMPA COMMUNITY HEALTH CENTER, INC.  Principal Place of Dissiness  Marring Address  1702 E 17TH AVENUE P.O. BOX 5398  1.00 E 17TH AVENUE P.O.	DOCUI	MENT # N01318	3 (7)						
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TAMPA FL 38875   TAMPA FL 3875-5289   3. Date Incorporated or Quilified   Sa. Date of Last Report   OB/24/1596   Carl 1596									
Company Place of Business   2a. Mailing Address   4. FEI Number   Applicable for   Sb-2420282   Total Applicable   Sc. 75. Additional   Total Applicable   Sc. 75. Additional   Sc. 75. Address   Sc. 75. Additional   Sc					O Data tage and a Qualified	Ta. Data attant Baran			
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Cory & State						60 7E			
COLY & State    Country   2			h			5. Certificate of Status Desired			
Zip   Country   Zip   Country   Zip   Country   R. This corporation has liability for intengible tax under s. 199.032, 200.	City & Stat	O	<del> </del>						
Section   Sect		Country	<del></del>	Country					
WALKER, MARY 5503 B. POKEWEED COURT TAMPA FL 33617  11. Pursuant to the previsions of Sections 617 0502 and 617 1506. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent in an ismitiar with, and accept the obligations social changes as authors above-hamed corporation submits this statement for the purpose of changing its registered agent in ismitiar with, and accept the obligations social changes as authors above-hamed corporations board of directors. I hereby accept the appointment as registered agent in ismitiar with, and accept the obligations of 57 0503. Revided Statutes.  SIGNATURE  Signature hybrid printed name of represent agent and the F application.  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  MILE  SO  BRAMWELL, THEOPHOLUS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  MILE  SO DESSA FL  14 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DIY-S1-2P  TAMPA FL  ADDITIONS/CHANGES TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18 (DI	<b>⊢</b>	<del> </del>	<b>├</b> ── '	<u>├</u> ¬ ′				ł	
WALKER, MARY 5508 B. POKEWEED COURT TAMPA FL 33617  1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation's board of divectors. I hereby accept the appointment as registered agent, an amiliar with, and accept the obligations of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation's board of divectors. I hereby accept the appointment as registered agent, an amiliar with, and accept the obligations of Section 617 0503, Florida Statutes.  Signature types for primare fame of impaired agent and leaf Aujolcable.  Signature types for primare fame of impaired agent and leaf Aujolcable.  POPIC Registered Agent Registered Registered Agent Registered Regis	124			1001					
5503 B. POKEWEED COURT TAMPA FL 33817  1. 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 exponitionent as registered office or registered agent and one of including agent and one if applicable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1011 SD  SIGNATURE  11 TITLE  SD  SIGNATURE  SIGNATION  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGN	<u>, , , , , , , , , , , , , , , , , , , </u>								
SSO3 B. POKEWEED COURT TAMPA FL 33617  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Floride Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registored agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registored agent and size of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent agent and size of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent agent and size of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent agent and size of Floride. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. NADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. SIRRET ADDRESS.  11. STATUTE AND ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. DA ADDITIONIS/CHANGES TO OFFICERS AND	WALKER, MARY				Street Add	ress (P.O. Box Number Is Not Acceptat	ile)	$\dashv$	
The 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 agent. I an lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TOPIC BRAMWELL, THEOPHOLUS  12. This BRAMWELL, THEOPHOLUS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. This BRAMWELL, THEOPHOLUS  15. STREET ADDRESS  7615 HORSE POND ROAD  ODESSA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. THIS BRAMWELL, THEOPHOLUS  15. STREET ADDRESS  7615 HORSE POND ROAD  ODESSA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. THIS BRAMMELL, THEOPHOLUS  15. STREET ADDRESS  7615 HORSE POND ROAD  ODESSA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TAMP 9, FL 336/12  TAMP 9, FL 336/12  Change MAddition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. THIS BRAMMELL, THEOPHOLUS  16. THIS BRAMMELL, THEOPHOLUS  17. TAMP 9, FL 336/12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. TAMP 9, FL 336/12  19. Change MAddition  19. Change MAddition  19. Change MAddition  19. DELETE  19.	5503 B. POKEWEED COURT						···	[	
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 and familiar with, and accept the obligations of, Section 617 0503. Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyperior printed separa depart agent agent and stell *applicable.*  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SD AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE SD AADDITIONS/CHANGE	TAMPA	FL 33617		83				İ	
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 registored 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  Signature, hyped or protect name of registered agent and use if applicable.  DOTE: Registered Agent signature required when reinstating)  DATE  12. OPFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  TITLE  BRAMWELL, THEOPHOLUS  11 TITLE  BRAMWELL, THEOPHOLUS  12 TAMPA  STREET ADDRESS  7615 HORSE POND ROAD  12 TAMPA FL  TAMPA FL  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  LA UTY-S1-2P  LA UTY-S1-2P  TAMPA FL  DELETE  14 TITLE  DELETE  24 TITLE  15 TAMPA FL  DELETE  16 TITLE  17 TAMPA FL  DELETE  18 TITLE  DELETE  19 DELETE		Ĺ		84	City		85 Zip Code		
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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.

6.4 CITY-ST-ZIP

Chief Finence Officer

**FILED** 

May 20 1997 8:00am

Secretary of State