

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01318

1. Corporation Name

TAMPA COMMUNITY HEALTH CENTER, INC.

Principal Place of Business

1702 E. 17TH AVENUE
P.O. BOX 5299
TAMPA FL 33675

Mailing Address

1702 E. 17TH AVENUE
P.O. BOX 5299
TAMPA FL 33675

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90233 034 ****61.25



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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/08/1984

4. FEI Number

59-2420282

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HAYMOND, STEPHANIE**
CITY-ST-ZIP **11115 N 20TH ST**
TAMPA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HINES, ANNIE**
CITY-ST-ZIP **7517 N 40TH ST APT 204C**
TAMPA FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WALKER, MARY**
CITY-ST-ZIP **5503 B. POKEWEED CURT**
TAMPA FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LAWTON, EARL W.**
CITY-ST-ZIP **4808 ASHLAND DR.**
TAMPA FL

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **JACKSON, HAROLD**
CITY-ST-ZIP **11501 GLENMONT DR**
TAMPA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEAKS, NORMA**
CITY-ST-ZIP **110 N ALBANY AVE**
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
NAME **D**
1.2 NAME **LOSURDO, STEPHANIE**
1.3 STREET ADDRESS **1903 TEEPEE DR.**
1.4 CITY-ST-ZIP **TAMPA, FL 33618**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **GARCIA, WALTER**
2.3 STREET ADDRESS **10401 N. WOODMERE RD.**
2.4 CITY-ST-ZIP **TAMPA, FL 33617**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-1999 (813) 247-1311

Date

Daytime Phone #

CR2F037 (11/98)