2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
02-07-2001 90144 046 ****70.00

DOCUMENT # N01318

1. Entity Name

TAMPA COMMUNITY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1229 E. 131 AVE ~~1702 E. 17TH AVENUE~~ ~~P.O. BOX 5299~~ 82969 TAMPA FL ~~33675~~ 33612	~~1702 E. 17TH AVENUE~~ P.O. BOX ~~5299~~ 82969 TAMPA FL ~~33675~~ 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1229 E. 131ST AVE	P.O. Box 82969
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33612 Country: USA	Zip: 33612 Country: USA

4. FEI Number 59-2420282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, MARY 5503 B. POKEWEED COURT TAMPA FL 33617	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOSURDO, STEPHANIE 1903 TEEPEE DR TAMPA FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, HILRIE 800 S ASH AVE TAMPA, FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, ANNIE 7517 N 40TH ST APT 204C TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~LEANNE FERGUSON~~ ~~16045 PENWOOD DR~~ ~~TAMPA, FL 33647~~	☐ Change ~~☒ Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALKER, MARY 5503 B. POKEWEED CURT TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~ADEBAYO AKINTOBI~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAWTON, EARL W. 4808 ASHLAND DR. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, LEANNE 16045 PENWOOD DR TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACKSON, HAROLD 11501 GLENMONT DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKINTOBI, ADEBAYO 6902 SEAPORT AVE # 4202 TAMPA, FL 33637	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAKS, NORMA 110 N ALBANY AVE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 617, 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 REQUIRED~~ 1-31-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #