2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90026 026 ****61.25

DOCUMENT # N01318

1. Entity Name
TAMPA COMMUNITY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1229 E 131ST AVENUE TAMPA, FL 33612	PO BOX 82969 TAMPA, FL 33612

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2402 E. M.L. King Jr Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33610 Country:	Zip Country

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. 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) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida 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 FREEMAN, Kent 6602 Gant Rd. Tampa, FL 33625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HINES, ANNIE 7517 N 40TH ST APT 204C TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOSTER, Brian 6104 Schooner Way Tampa, FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALKER, MARY 5503 B. POKEWEED CURT TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, Hilrie 8005 Ash St. Tampa, FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWTON, EARL W. 4808 ASHLAND DR. TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, HAROLD 11501 GLENMONT DR TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Charles R Bottoms Charles R. Bottoms Jan 7, 2004 (813) 866-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #