2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# N01318

Entity Name: TAMPA COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

1229 E 131ST AVENUE
TAMPA, FL 33612

New Principal Place of Business:

2402 E. M.L. KING JR. BLVD
TAMPA, FL 33610

Current Mailing Address:

PO BOX 82969
TAMPA, FL 33612

New Mailing Address:

PO BOX 82969
TAMPA, FL 33682

FEI Number: 59-2420282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, MARY
5503 B. POKEWEED COURT
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

DOSTER, BRIAN
6104 SCHOONER WAY
TAMPA, FL 33615 US

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: BRIAN DOSTER 07/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FREEMAN, KENT
Address: 6602 GANT RD.
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: DOSTER, BRIAN
Address: 6104 SCHOONER WAY
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: KEMP, HILRIE
Address: 8005ASH ST.
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete
Name: LAWTON, EARL W.
Address: 4808 ASHLAND DR.
City-St-Zip: TAMPA, FL

Title: P ( ) Delete
Name: JACKSON, HAROLD
Address: 11501 GLENMONT DR
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: LEAKS, NORMA
Address: 110 N ALBANY AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALKER, MARY
Address: 5503-B POKEWEED COURT
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. BOTTOMS CEO 07/11/2005
Electronic Signature of Signing Officer or Director Date