

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01318

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: TAMPA FAMILY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

1502 E. FOWLER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82969  
TAMPA, FL 33682

**New Mailing Address:**

PO BOX 82969  
TAMPA, FL 33682 US

FEI Number: 59-2420282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOTTOMS, CHARLES R CEO  
5312 LONGBOAT BLVD.  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: WALKER, MARY  
Address: 5503-B POKEWEED COURT  
City-St-Zip: TAMPA, FL 33617

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

Title: D ( ) Delete  
Name: LAWTON, EARL W.  
Address: 4808 ASHLAND DR.  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: JACKSON, HAROLD  
Address: 11501 GLENMONT DR  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: LOSURDO, STEPHANIE  
Address: 1903 TEEPEE DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: KEMP, HILRIE  
Address: 8005 ASH ST.  
City-St-Zip: TAMPA, FL 33619

Title: S (X) Change ( ) Addition  
Name: HINES, ANNIE  
Address: 2918 ROCKAWAY COURT  
City-St-Zip: TAMPA, FL 33610

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

Title: VP (X) Change ( ) Addition  
Name: LOSURDO, STEPHANIE  
Address: 1903 TEEPEE DRIVE  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date