

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01318

FILED
Apr 05, 2010
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:

7814 N. DALE MABRY HWY
TAMPA, FL 33614

Current Mailing Address:

PO BOX 82969
TAMPA, FL 33682 US

New Mailing Address:

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
Name: DOSTER, BRIAN
Address: 6104 SCHOONER WAY
City-St-Zip: TAMPA, FL 33615

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

Title: T
Name: KEMP, HILRIE
Address: 8005 ASH ST.
City-St-Zip: TAMPA, FL 33619

Title: S
Name: HINES, ANNIE
Address: 2918 ROCKAWAY COURT
City-St-Zip: TAMPA, FL 33610

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

Title: VP
Name: LOSURDO, STEPHANIE
Address: 1903 TEEPEE DRIVE
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: CHARLES R. BOTTOMS

CEO

04/05/2010

Electronic Signature of Signing Officer or Director

Date