

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 31, 2012
Secretary of State

DOCUMENT# N01318

Entity Name: TAMPA FAMILY HEALTH CENTERS, INC.**Current Principal Place of Business:**7814 N. DALE MABRY HWY
TAMPA, FL 33614**New Principal Place of Business:****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: CHARLES, BOTTOMS
Address: 5312 LONGBOAT BLVD.
City-St-Zip: TAMPA, FL 33615

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

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

Title: T
Name: MASON, JERRY
Address: 29251 YARROW DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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

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

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

05/31/2012

Electronic Signature of Signing Officer or Director

Date