

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90345 034 \*\*\*\*61.25

**DOCUMENT # N01318**

1. Entity Name

**TAMPA COMMUNITY HEALTH CENTER, INC.**



Principal Place of Business

**1229 E 131ST AVENUE  
TAMPA FL 33612**

Mailing Address

**PO BOX 82969  
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2420282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
NAME **LOSURDO, STEPHANIE**  
STREET ADDRESS **1903 TEEPEE DR**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **TD** ☐ Change ☐ Addition  
NAME **KEMP, HILRIE**  
STREET ADDRESS **8005 Ash Ave**  
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **D-SD** ☐ Delete  
NAME **HINES, ANNIE**  
STREET ADDRESS **7517 N 40TH ST APT 204C**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **MIRANDA, Luis**  
STREET ADDRESS **3105 Magdalene Forest Ct.**  
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **PD VPD** ☐ Delete  
NAME **WALKER, MARY**  
STREET ADDRESS **5503 B. POKEWEED CURT**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **DOSTER, BRIAN**  
STREET ADDRESS **6104 Schooner Way**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **PD D** ☐ Delete  
NAME **LAWTON, EARL W.**  
STREET ADDRESS **4808 ASHLAND DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **FREEMAN, KENT**  
STREET ADDRESS **6602 Gant Rd.**  
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **VPD PD** ☐ Delete  
NAME **JACKSON, HAROLD**  
STREET ADDRESS **11501 GLENMONT DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEAKS, NORMA**  
STREET ADDRESS **110 N ALBANY AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **REQUIRED** Charles R. Bottoms, CEO

CR2E037 (10/02)