

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004676

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** TAMPA BAY BIRTH NETWORK, INC.

**Current Principal Place of Business:**

2831 QUAIL HOLLOW ROAD W.  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14236  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 27-0204081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNELL, JUNE  
2831 QUAIL HOLLOW ROAD W.  
CLEARWATER, FL 33761 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: DP  
Name: DEDRICK, HALLIE L  
Address: 2086 TEMPLE TERR  
City-St-Zip: CLEARWATER, FL 33764

Title: DVP  
Name: HOHL, THERESA DC  
Address: 1588 LAGO VISTA BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: DS  
Name: ROBINSON, NIANA  
Address: 4302 FINCASTLE CT  
City-St-Zip: TAMPA, FL 33624

Title: MAL  
Name: POOLE VAN SWOL, MEGHAN  
Address: 8 HARBOR POINT PLACE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MAL  
Name: MOORE, STEPHANIE  
Address: P.O. BOX 270365  
City-St-Zip: TAMPA, FL 33688

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: HALLIE DEDRICK

DP

03/02/2011

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

\_\_\_\_\_  
Date