

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22834 (8)

1. Corporation Name

COMBINED HEALTH APPEAL OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

ONE DAVIS BLVD  
SUITE LL2  
TAMPA FL 33606

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SUITE LL2  
TAMPA FL 33606

3. Date Incorporated or Qualified  
10/05/1987

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1113 45th Ave NE  
Suite, Apt. #, etc.

26 P.O. Box 20590  
Suite, Apt. #, etc.

22 City & State  
23 St Petersburg FL 33703

27 City & State  
28 St Petersburg FL

24 Zip  
33703

25 Country  
Pinellas

29 Zip  
33742

30 Country  
Pinellas

4. FEI Number

59-2891878

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDEE, BRETT  
101 EAST KENNEDY BOULEVARD  
SUITE 1500  
TAMPA FL 33602

81 Name  
David C. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)  
1113 45th Ave. NE

83

84 City  
St Petersburg FL 85 Zip Code  
33703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature Required when reappointing)

4/21/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HENDEE, BRETT  
STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 1500  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME BERUBE, RICH  
STREET ADDRESS 4608 SOUTH SHAMROCK ROAD  
CITY-ST-ZIP TAMPA FL

TITLE TD  
NAME HENDEE, BRETT  
STREET ADDRESS 101 E KENNEDY BLVD #1500  
CITY-ST-ZIP TAMPA FL

TITLE SD  
NAME MARTIN, BILL  
STREET ADDRESS 1715 N WESTSHORE BLVD  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (813) 526-0256  
DATE Daytime Phone #

CR2E037 (12/95)