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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51297

1. Corporation Name

SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.

Principal Place of Business

8402 CALADESI ISLAND DR
TEMPLE TERRACE FL 33637
US

Mailing Address

8402 CALADESI ISLAND DR
TEMPLE TERRACE FL 33637
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/10/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3150477

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAUB, ELIZABETH J.
8402 CALADESI ISLAND DR
TEMPLE TERRACE FL 33637

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME AMUSO, PHILIP T.
STREET ADDRESS 3418 HUNTERS RUN LANE
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ DELETE
NAME CHURCH, KIMBERLY
STREET ADDRESS 22867 SOUTHSORE DR
CITY-ST-ZIP LAND O' LAKES FL 34639

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

TITLE STD ☐ DELETE
NAME PINNEY, ROBERTA
STREET ADDRESS 4120 C BAY RD #41
CITY-ST-ZIP RUSKIN FL 33570

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Pinney Roberta
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ANDERSON, GERDA
STREET ADDRESS 5615 GATEWAY DR
CITY-ST-ZIP TAMPA FL 33615

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME STD Anderson Gerda
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME STAUB, LIZ
STREET ADDRESS 8402 CALADESI ISL DR.
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

Elizabeth J. Staub
ELIZABETH J. STAUB

4/30/99 (813) 985-5409

CR2E037 (1/98)