

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000529

FILED
Jan 20, 2009
Secretary of State

Entity Name: HR TAMPA, INC.

Current Principal Place of Business:

ATTN: DANA CHATELAIN
4224 W HENDERSON BLVD
TAMPA, FL 33629

New Principal Place of Business:

ATTN: IGNACIO GARCIA
100 NORTH TAMPA STREET, STE 3600
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 26554
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-2479031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, IGANCIO J
100 NORTH TAMPA STREET
SUITE 3600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GARCIA, IGNACIO J
100 NORTH TAMPA STREET
SUITE 3600
TAMPA, FL 33602 US

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: IGNACIO J. GARCIA

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHATELAIN, DANA
Address: 4224 W HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: BACKUS, SHARAN
Address: 5010 W KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: MURFIELD, LISA
Address: 101 EAST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: LADD, ANN
Address: 2906 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, IGNACIO J
Address: 100 NORTH TAMPA STREET, STE 3600
City-St-Zip: TAMPA, FL 33602

Title: V (X) Change () Addition
Name: MURFIELD, LISA D
Address: 101 EAST KENNEDY BLVD., STE 3700
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change () Addition
Name: RIYAD, INASS
Address: 14250 49TH STREET N, 2H
City-St-Zip: CLEARWATER, FL 33762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA D. MURFIELD

V

01/20/2009

Electronic Signature of Signing Officer or Director

Date