FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:32

DOCUMENT # N93000000690 (8)

1. Corporation Name
THE TAMPA BAY HOSPITAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9455 KOGER BLVD SUITE 116 ST.PETERBURG FL 33702	9455 KOGER BLVD SUITE 118 ST.PETERBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-3166470 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLARD, WISLER
9455 KOGER BLVD
SUITE 118
ST.PETE FL 33702

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code 33702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	STEIN, NORM
STREET ADDRESS	3100 E. FLETCHER AVE.
CITY-ST-ZIP	TAMPA FL 33613
TITLE	V/P
NAME	KIEFER, JOSEPH N
STREET ADDRESS	1395 S. PINELLAS AVE.
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	T
NAME	DONAHO BARBARA
STREET ADDRESS	1200 7TH AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	T
NAME	PATTERSON WILLIAM
STREET ADDRESS	1501 PASADENA AVE S.
CITY-ST-ZIP	ST.PETERSBURG FL 33707
TITLE	T
NAME	NICOLAS PORTER
STREET ADDRESS	12902 MAGNOLIA DR
CITY-ST-ZIP	TAMPA FL 33612
TITLE	T
NAME	ANDERSON WILLIAM
STREET ADDRESS	P.O.BOX H N/A
CITY-ST-ZIP	PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	C/Tr	☒ Change ☐ Addition
1.2 NAME	Joseph N. Kiefer	
1.3 STREET ADDRESS	1395 S. Pinellas Ave.	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	VC/Tr	☒ Change ☐ Addition
2.2 NAME	William H. Anderson	
2.3 STREET ADDRESS	P.O. Drawer H	
2.4 CITY-ST-ZIP	Plant City FL 33564-9058	
3.1 TITLE	S/T/Tr	☒ Change ☐ Addition
3.2 NAME	William M. Patterson	
3.3 STREET ADDRESS	1501 Pasadena Ave. S.	
3.4 CITY-ST-ZIP	St. Petersburg FL 33707	
4.1 TITLE	Tr	☒ Change ☐ Addition
4.2 NAME	Norman V. Stein	
4.3 STREET ADDRESS	3100 E. Fletcher Ave.	
4.4 CITY-ST-ZIP	Tampa, FL 33613	
5.1 TITLE	Tr	☒ Change ☐ Addition
5.2 NAME	Nicolas Porter	
5.3 STREET ADDRESS	12902 Magnolia Dr.	
5.4 CITY-ST-ZIP	Tampa, FL 33612	
6.1 TITLE	Tr	☒ Change ☐ Addition
6.2 NAME	Jon Trezona	
6.3 STREET ADDRESS	201 14th St. SW	
6.4 CITY-ST-ZIP	Largo FL 34649-2905	

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)(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 above, or on an attachment with an address.

SIGNATURE: Willard E. Wisler, President 1/25/95 813-579-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051481