

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000000690 (8)**

1. Corporation Name

**THE TAMPA BAY HOSPITAL ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**9455 KOGER BLVD  
SUITE 118  
ST.PETERBURG FL 33702**

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SUITE 118  
ST.PETERBURG FL 33702**

3. Date Incorporated or Qualified  
**01/08/1993**

3a. Date of Last Report  
**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

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

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 **CTR**  DELETE  
NAME **KIEFER, JOSEPH N.**  
STREET ADDRESS **1395 S. PINELLAS AVE.**  
CITY-ST-ZIP **TARPON SPRINGS FL**

1.1 TITLE **CTR**  Change  Addition  
1.2 NAME **Anderson, William H.**  
1.3 STREET ADDRESS **P.O. Drawer H**  
1.4 CITY-ST-ZIP **Plant City, FL 33564-9058**

TITLE **VCTR**  DELETE  
NAME **PATTERSON, WILLIAM M.**  
STREET ADDRESS **P.O. BOX DRAWER H**  
CITY-ST-ZIP **PLANT CITY FL**

2.1 TITLE **VCTR**  Change  Addition  
2.2 NAME **Porter, Nicolas**  
2.3 STREET ADDRESS **12902 Magnolia Dr.**  
2.4 CITY-ST-ZIP **Tampa, FL 33612**

TITLE **STTR**  DELETE  
NAME **PATTERSON, WILLIAM M.**  
STREET ADDRESS **1501 PASADENA AVE. S.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE **STTR**  Change  Addition  
3.2 NAME **Trezona, Jon**  
3.3 STREET ADDRESS **201 14th St. SW**  
3.4 CITY-ST-ZIP **Largo, FL 34649-2905**

TITLE **TR**  DELETE  
NAME **STEIN, NORMAN V.**  
STREET ADDRESS **3100 E. FLETCHER AVE.**  
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **TR**  Change  Addition  
4.2 NAME **Kiefer, Joseph N.**  
4.3 STREET ADDRESS **1395 S. Pinellas Ave.**  
4.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **TR**  DELETE  
NAME **PORTER, NICOLAS**  
STREET ADDRESS **12902 MAGNOLIA DR.**  
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **TR**  Change  Addition  
5.2 NAME **Collins, Jeff**  
5.3 STREET ADDRESS **P.O. Box 2025**  
5.4 CITY-ST-ZIP **Largo, FL 34649-2025**

TITLE **TR**  DELETE  
NAME **TREZONA, JON**  
STREET ADDRESS **201 14TH ST. SW**  
CITY-ST-ZIP **LARGO FL**

6.1 TITLE **TR**  Change  Addition  
6.2 NAME **Aubin, Michael**  
6.3 STREET ADDRESS **3030 W. M.L. King Blvd.**  
6.4 CITY-ST-ZIP **Tampa, FL 33607**

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 an attachment with an address.

SIGNATURE:

*Willard E. Wisler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Willard E. Wisler**

**1/22/96**

**813-579-0252**

Date

Daytime Phone #

CR2E037 (12/95)