

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**

**9455 KOGER BLVD
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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	<input checked="" type="checkbox"/> DELETE
NAME	KIEFER, JOSEPH N.	
STREET ADDRESS	1395 S. PINELLAS AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VCTR	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, WILLIAM M.	
STREET ADDRESS	P.O. BOX DRAWER H	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	STTR	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, WILLIAM M.	
STREET ADDRESS	1501 PASADENA AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, NORMAN V.	
STREET ADDRESS	3100 E. FLETCHER AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, NICOLAS	
STREET ADDRESS	12902 MAGNOLIA DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	TREZONA, JON	
STREET ADDRESS	201 14TH ST. SW	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
2.1 TITLE	VCTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Porter, Nicolas	
2.3 STREET ADDRESS	12902 Magnolia Dr.	
2.4 CITY-ST-ZIP	Tampa, FL 33612	
3.1 TITLE	STTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Trezona, Jon	
3.3 STREET ADDRESS	201 14th St. SW	
3.4 CITY-ST-ZIP	Largo, FL 34649-2905	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kiefer, Joseph N.	
4.3 STREET ADDRESS	1395 S. Pinellas Ave.	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Collins, Jeff	
5.3 STREET ADDRESS	P.O. Box 2025	
5.4 CITY-ST-ZIP	Largo, FL 34649-2025	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 as 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

Date

813-579-0252

Daytime Phone #

CR2E037 (12/95)