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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 337029455 KOGER BLVD
SUITE 118
ST.PETERBURG FL 33702-24313. Date Incorporated or Qualified
01/08/19933a. Date of Last Report
01/25/1996

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
59-3166470Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 ANDERSON, WILLIAM H.
STREET ADDRESS P. O. DRAWER H
CITY-ST-ZIP PLANT CITY FL1.1 TITLE CTR ☒ Change ☐ Addition
1.2 NAME Porter, Nicolas
1.3 STREET ADDRESS 12902 Magnolia Dr.
1.4 CITY-ST-ZIP Tampa, FL 33612TITLE VCTR ☒ DELETE
NAME PORTER, NICHOLAS
STREET ADDRESS 12902 MAGNOLIA DRIVE
CITY-ST-ZIP TAMPA FL2.1 TITLE VCTR ☒ Change ☐ Addition
2.2 NAME Collins, Jeffrey
2.3 STREET ADDRESS ~~P.O. Box 2025~~ 2025 INDIAN ROCKS ROAD
2.4 CITY-ST-ZIP Largo, FL 34644-2025TITLE STTR ☒ DELETE
NAME TREZONA, JON
STREET ADDRESS 201 14TH ST. SW
CITY-ST-ZIP LARGO FL3.1 TITLE STTR ☒ Change ☐ Addition
3.2 NAME Aubin, Michael
3.3 STREET ADDRESS ~~P.O. Box 4227~~ 3030 W.M.L.KING BLVD
3.4 CITY-ST-ZIP Tampa, FL 33677-4227TITLE TR ☐ DELETE
NAME KEIFER, JOSEPH N.
STREET ADDRESS 1395 S. PINELLAS AVE.
CITY-ST-ZIP TARPON SPRINGS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TR ☒ DELETE
NAME COLLINS, JEFF
STREET ADDRESS P. O. BOX 2025
CITY-ST-ZIP LARGO FL5.1 TITLE TR ☒ Change ☐ Addition
5.2 NAME Bartlett, John
5.3 STREET ADDRESS 1501 S. Pasadena Ave.
5.4 CITY-ST-ZIP St. Petersburg, FL 33707TITLE TR ☒ DELETE
NAME AUBIN, MICHAEL
STREET ADDRESS 3030 W. M.L. KING BLVD.
CITY-ST-ZIP TAMPA FL6.1 TITLE TR ☒ Change ☐ Addition
6.2 NAME Williams, Sandra
6.3 STREET ADDRESS 3100 E. Fletcher Ave.
6.4 CITY-ST-ZIP Tampa, FL 33613-4688

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard E. Wisler

813-579-0252

Date

Daytime Phone # 0049909

CR2E037 (9/96)