

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000690 (8)**

1. Corporation Name

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



Principal Place of Business <b>9455 KOGER BLVD SUITE 118 ST.PETERSBURG FL 33702</b>	Mailing Address <b>9455 KOGER BLVD SUITE 118 ST.PETERBURG FL 33702</b>
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3. Date Incorporated or Qualified

**01/08/1993**

4. FEI Number

**59-3166470**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	<b>CTR</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, NICOLAS</b>	
STREET ADDRESS	<b>12902 MAGNOLIA DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VCTR</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, JEFFREY</b>	
STREET ADDRESS	<b>2025 INDIAN ROCKS RD.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>STTR</b>	<input type="checkbox"/> DELETE
NAME	<b>AUBIN, MICHAEL</b>	
STREET ADDRESS	<b>3030 N. M.L. LING BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>KEIFER, JOSEPH N.</b>	
STREET ADDRESS	<b>1395 S. PINELLAS AVE.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTLETT, JOHN</b>	
STREET ADDRESS	<b>1501 S. PASADENA AVE.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, SANDRA</b>	
STREET ADDRESS	<b>3100 E. FLETCHER AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with my address.

SIGNATURE:

*Sharon Schur* 4/27/98 813-223-0806

CR2E037 (10/97)