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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005382 (4)

1. Corporation Name

TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC



Principal Place of Business

Mailing Address

220 90TH AVENUE NORTH EAST  
ST. PETERSBURG FL 33702-3248

220 90TH AVENUE NORTH EAST  
ST. PETERSBURG FL 33702-3248

3. Date Incorporated or Qualified  
10/21/1996

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME VAUISO, DONALD L  
STREET ADDRESS 220 90TH AVENUE NORTH EAST  
CITY-ST-ZIP ST. PETERSBURG FL 33702-3248

☐ DELETE

TITLE VPD  
NAME STEVENS, CHARLES D  
STREET ADDRESS 1399 S. BELCHER RD. #104  
CITY-ST-ZIP LARGO FL 33771

☐ DELETE

TITLE SD  
NAME TATKA, PEGGY L  
STREET ADDRESS 2014 TIMBERFALL LANE  
CITY-ST-ZIP VALRICO FL 33594

☒ DELETE

TITLE TD  
NAME WALKER, ROBERT ROY  
STREET ADDRESS 6964 OLDGATE CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME NEFF, GENIE  
3.3 STREET ADDRESS 2806 CANTERBURY LANE  
3.4 CITY-ST-ZIP LARGO, FL 33770

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Donald L. Vauso* DONALD L. VAUSO

1-20-97

813-577-0886

Date

Daytime Phone # 0048899

CR2E037 (9/96)