

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005382

FILED
Apr 22, 2010
Secretary of State

Entity Name: TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC.

Current Principal Place of Business:

5702 GULFPORT BLVD
STE#2
GULFPORT, FL 33707

New Principal Place of Business:

5047 CENTRAL AVENUE
ST PETERSBURG, FL 33710

Current Mailing Address:

5702 GULFPORT BLVD
STE#2
GULFPORT, FL 33707

New Mailing Address:

5047 CENTRAL AVENUE
ST PETERSBURG, FL 33710

FEI Number: 59-3430615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACUR, RICHARD A
5200 CENTRAL AVE.
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BARNES, DEBORAH C
Address: 6653 POINSETTIA AVENUE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: VD
Name: LICATA, GORDON
Address: 1616 21ST STREET S #304
City-St-Zip: ST PETERSBURG, FL 33712

Title: SD
Name: SNIDER, LYNN
Address: 8293 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773

Title: TD
Name: DOESCHER, PHYLLIS
Address: 5716 44TH AVENUE NORTH
City-St-Zip: KENNETH CITY, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH C BARNES

PD

04/22/2010

Electronic Signature of Signing Officer or Director

Date