


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90180 001 \*\*\*61.25

<b>DOCUMENT # N96000005382</b>	
<b>1. Entity Name</b> <b>TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC</b>	

<b>Principal Place of Business</b> <b>220 90TH AVENUE NORTH EAST</b> <b>ST. PETERSBURG FL 33702-3248</b>	<b>Mailing Address</b> <b>220 90TH AVENUE NORTH EAST</b> <b>ST. PETERSBURG FL 33702-3248</b>
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> <b>59-3430615</b>		<b>Applied For</b>
		<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ZACUR, RICHARD A</b> <b>5200 CENTRAL AVE.</b> <b>ST. PETERSBURG FL 33707</b>		<b>Name</b>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>City</b>	<b>FL</b>

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>PD</b> <b>NAME</b> <b>VAUISO, DONALD L</b> <b>STREET ADDRESS</b> <b>220 90TH AVENUE NORTH EAST</b> <b>CITY-ST-ZIP</b> <b>ST. PETERSBURG FL 33702-3248</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>M</b> <b>NAME</b> <b>ANDREA DALE VAUISO</b> <b>STREET ADDRESS</b> <b>220 90TH AVE NE</b> <b>CITY-ST-ZIP</b> <b>ST PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>SD</b> <b>NAME</b> <b>KANE, DANIEL</b> <b>STREET ADDRESS</b> <b>8254 GREENBRIAR RD.</b> <b>CITY-ST-ZIP</b> <b>LARGO FL 33777</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>TD</b> <b>NAME</b> <b>LEE J CROOKS</b> <b>STREET ADDRESS</b> <b>9273 RUSTIC PINES BLVD</b> <b>CITY-ST-ZIP</b> <b>SEMINOLE FL 34646</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>VD</b> <b>NAME</b> <b>RUNYON, CINDY</b> <b>STREET ADDRESS</b> <b>1323 KEEN RD S</b> <b>CITY-ST-ZIP</b> <b>CLEARWATER FL 33756</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>M</b> <b>NAME</b> <b>DEBORAH BARNES</b> <b>STREET ADDRESS</b> <b>4550 47th. STREET WEST</b> <b>CITY-ST-ZIP</b> <b>APT #1707 BRADENTON, FL 34210</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **1-23-2003 (717) 577-0836**

CR2E037 (10/02)