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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004267

1. Corporation Name

AMERICAN ASSOCIATION OF MANAGED CARE NURSES, TAMPA BAY CHAPTER, INC.

Principal Place of Business

1290 EDENVILLE AVE.
CLEARWATER FL 33764

Mailing Address

1290 EDENVILLE AVE.
CLEARWATER FL 33764



2. Principal Place of Business 21 <u>6290 BAHIA DEL MAR CIRCLE</u> Suite, Apt. #, etc. 22 <u>TH-20</u> City & State 23 <u>ST. PETERSBURG, FL</u> Zip 24 <u>33715</u> Country 25 <u>USA</u>		2a. Mailing Address 26 <u>6290 BAHIA DEL MAR CIRCLE</u> Suite, Apt. #, etc. 27 <u>TH-20</u> City & State 28 <u>ST. PETERSBURG, FLORIDA</u> Zip 29 <u>33715</u> Country 30 <u>USA</u>		3. Date Incorporated or Qualified <u>07/25/1997</u>	
4. FEI Number <u>59-3496058</u>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
10. Name and Address of New Registered Agent 81 Name <u>MICHAEL SPERATO</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>7441 LAKE ST. JAMES LANE</u> 83 84 City <u>ODESSA</u> FL 85 Zip Code <u>33556-1918</u>					

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 MICHAEL SPERATO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVETT, RUTH 1290 EDENVILLE AVE. CLEARWATER FL 33764	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT (DP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAFRANEK, JOYCE 974 TRADEWINDS TRL. PALM HARBOR FL 34683	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT-ELECT (DP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA REIMER 6290 BAHIA DEL MAR CIRCLE, TH-20 ST. PETERSBURG, FLORIDA 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERGMANN, BARBARA 1205 MAGDALENE GROVE AVE. TAMPA FL 33613	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER (D/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GENE BUNDROCK 12312 92ND ST. N LARGO, FLORIDA 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROTH, MIKE P.O. BOX 659 LARGO FL 33779	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY (D/S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patricia Cohen 1373 SANDWELLWOOD DR. DUNEDIN, FLORIDA 33518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOUGHMAN, MARILYN 1202 LADY GUINEVERE DR. VALRICO FL 33594	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Ruth Lovett RICRUTH LOVETT, PRESIDENT 7/12/99 813-818-4786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)