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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000005028

1. Corporation Name

TAMPA BAY HEALTH SERVICES, INC.

Principal Place of Business

7050 GALL BLVD  
ZEPHYRHILLS FL 33541

Mailing Address

7050 GALL BLVD  
ZEPHYRHILLS FL 33541

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 08/31/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2118790	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L  
111 N ORLANDO AVE  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PT	1.1 TITLE	D
NAME	HAUGEN, DAVID	1.2 NAME	Bob Ruchti
STREET ADDRESS	7050 GALL BLVD	1.3 STREET ADDRESS	7050 Gall Blvd.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	1.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	STD	2.1 TITLE	
NAME	HERNDON, JUNE	2.2 NAME	
STREET ADDRESS	7050 GALL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	
TITLE	VOT	3.1 TITLE	V/D/T
NAME	NORMAN, PAUL	3.2 NAME	
STREET ADDRESS	7050 GALL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	AS
NAME		4.2 NAME	Block, Mark L.
STREET ADDRESS		4.3 STREET ADDRESS	111 North Orlando Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE:

L. Mark Block, Asst. Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)