

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005028

1. Entity Name

TAMPA BAY HEALTH SERVICES, INC.

Principal Place of Business

7050 GALL BLVD  
ZEPHYRHILLS FL 33541

Mailing Address

7050 GALL BLVD  
ZEPHYRHILLS FL 33541-1347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2118790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME RUCHTI, BOB  
STREET ADDRESS 7050 GALL BLVD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☒ Change ☐ Addition  
NAME Ruchti, Robert  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME HERNDON, JUNE  
STREET ADDRESS 7050 GALL BLVD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE D ☐ Change ☒ Addition  
NAME Welch, Donald  
STREET ADDRESS 7050 Gall Blvd.  
CITY-ST-ZIP Zephyrhills, FL 33541

TITLE VDT ☐ Delete  
NAME NORMAN, PAUL  
STREET ADDRESS 7050 GALL BLVD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BLOCK, MARK L  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ariel DePrada*  
Ariel DePrada  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

1/19/2000

407-975-1460

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90012 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE