

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90160 036 ***236.25

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

2. Principal Place of Business

6501 Deane Hill Drive

Suite, Apt. #, etc.

3. Mailing Address

6501 Deane Hill Drive

Suite, Apt. #, etc.

City & State

Knoxville TN 37919

City & State

Knoxville TN 37919

4. FEI Number

91-1882870

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

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

7. Name and Address of New Registered Agent

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. 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

After September 13, 2002,
 min. will be \$236.25.

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	DPS	<input type="checkbox"/> Delete
NAME	BLOM-ANTONIO, LADONNA	
STREET ADDRESS	1600 TAMiami TRAIL, 4TH FLOOR	
CITY-ST-ZIP	MURDOCK FL 33938-0549	
TITLE	DTVP	<input type="checkbox"/> Delete
NAME	DAVIS, GREG	
STREET ADDRESS	6501 DEANE HILL DR.	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNER, THOMAS L	
STREET ADDRESS	111 N. ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, TERRY	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSCHIEDT, ROBERT	
STREET ADDRESS	111 N. ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TRIMBLE, TL	
STREET ADDRESS	111 N. ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **ASSISTANT SECRETARY**

9/19/02 407-975-1413

CR2E037 (4/02)