

2002 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

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

Zip

Country

City & State

Knoxville TN 37919

Zip

Country

4. FEI Number

91-1882870

Applied For

Not Applicable

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

TITLE: DPS ☐ Delete
NAME: BLOM-ANTONIO, LADONNA
STREET ADDRESS: 1600 TAMiami TRAIL, 4TH FLOOR
CITY-ST-ZIP: MURDOCK FL 33938-0549

TITLE: DTVP ☐ Delete
NAME: DAVIS, GREG
STREET ADDRESS: 6501 DEANE HILL DR.
CITY-ST-ZIP: KNOXVILLE TN 37919

TITLE: D ☐ Delete
NAME: WERNER, THOMAS L
STREET ADDRESS: 111 N. ORLANDO AVE.
CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: D ☐ Delete
NAME: SHAW, TERRY
STREET ADDRESS: 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: D ☐ Delete
NAME: HENDERSCHIEDT, ROBERT
STREET ADDRESS: 111 N. ORLANDO AVE.
CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: AS ☐ Delete
NAME: TRIMBLE, TL
STREET ADDRESS: 111 N. ORLANDO AVE.
CITY-ST-ZIP: WINTER PARK FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ 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 Required

9/17/02 407-975-1413

CR2E037 (4/02)