9/19/2002-90158-026-$61.25-$61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 18 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0139574

DOCUMENT # N99000002637

1. Entity Name

TAMPA HEALTH AFFILIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 Columbia Drive	2 Columbia Drive
Suite, Apt. #, etc.: Davis Islands	Suite, Apt. #, etc.: Davis Islands
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3573338 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Buchanan Ingersoll Professional Corp.

Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson St., Suite 2500

City: Tampa FL Zip Code: 33602

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: Karen Zehnder KAREN ZEHNDER, DIRECTOR RISK MANAGEMENT 8/6/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	C,D
NAME	H.L. Culbreath
STREET ADDRESS	2 Davis Islands, Rm A109
CITY-ST-ZIP	Tampa, FL 33606
TITLE	S,D
NAME	Dottie Berger-MacKinnon
STREET ADDRESS	2 Davis Islands, Rm A109
CITY-ST-ZIP	Tampa, FL 33606
TITLE	D
NAME	Robert (Bob) Edwards
STREET ADDRESS	2 Davis Islands, Rm A109
CITY-ST-ZIP	Tampa, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

9.16.02

(Jeremy R. Ross

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeremy R. Ross (JEREMY R. Ross) 7.30.02 813.224.9255

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

jr 10/18/02