

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90026 014 ***158.75

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1. Entity Name
TAMPA BAY HEALTH CARE COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
5164 VENETIAN BOULEVARD NORTHEAST **5164 VENETIAN BOULEVARD NORTHEAST**
SAINT PETERSBURG, FL 33703 **SAINT PETERSBURG, FL 33703**

50009713



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

13-4308929

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME KITCHENER, IIMA E
STREET ADDRESS 5164 VENETIAN BOULEVARD NORTHEAST
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE V ☐ Delete
NAME KITCHENER, CHARLES E
STREET ADDRESS 5164 VENETIAN BOULEVARD NORTHEAST
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE S ☐ Delete
NAME KITCHENER, EDWARD R
STREET ADDRESS 5164 VENETIAN BOULEVARD NORTHEAST
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 exemptions contained in Chapter 119, 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 607, 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:

Ilma E. Kitchener / **ILMA E. KITCHENER** 4/3/06 727/525-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #