FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:15

DOCUMENT # P94000072062 (0)

1. Corporation Name
TAMPA BAY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
4423 CARLYLE RD. TAMPA FL 33615	4423 CARLYLE RD. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 59-3261568 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P/S/T	☐ Change ☒ Addition
NAME	GOODSON, TAYLOR L	1.2 NAME	GOODSON, TAYLOR L	
STREET ADDRESS	4423 CARLYLE RD.	1.3 STREET ADDRESS	4423 CARLYLE RD	
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	Tampa FL 33615	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Taylor L Goodson Taylor L. Goodson, Pres. 3/9/95 (813) 288-7584
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0297A00 CR

P94000072062

LAW OFFICES OF

BROD & SPEARS, P.A.

SHERMAN M. BROD
Personal Injury
Wrongful Death
Trial Practice

PLEASE REPLY TO
5100 W. KENNEDY BOULEVARD
SUITE 595
TAMPA, FL 33609
FACSIMILE: (813) 287-2967

IRIC VONN SPEARS
Personal Injury
Wrongful Death
Trial Practice

March 20, 1995

Division Of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: **TAMPA BAY MEDICAL CENTER, INC.**

Dear Sir/Madame:

Enclosed is the Corporation Annual Report for 1995, for the above-noted corporation. Also enclosed is a check in the amount of $208.75, representing payment of the filing fee and the charge for a Certificate Of Status. Please forward the Certificate Of Status, in care of this office, in the enclosed envelope, at your earliest convenience.

Your assistance in this matter is greatly appreciated.

Sincerely,

Sherman M. Brod

SHERMAN M. BROD

SMB/lr
/enclosures

CLEARWATER-LARGO
BAY PARK EXECUTIVE CENTER
18860 U.S. HWY 19 N.
CLEARWATER, FLORIDA 34624
(813) 587-0771

TAMPA OFFICE
5100 W. KENNEDY BOULEVARD • SUITE 595
TAMPA, FLORIDA 33609
(813) 286-8366
DIRECT FROM PINELLAS CO. (813) 821-0029

ST. PETERSBURG
2010 5TH AVENUE N.
ST. PETERSBURG, FLORIDA 33713
(813) 587-0771