

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P95000059692

1. Entity Name  
TAMPA BAY PROVIDER GROUP, INC.



Principal Place of Business  
3500 E. FLETCHER AVE, STE. 201  
TAMPA, FL 33613 US

Mailing Address  
3500 E. FLETCHER AVE, STE. 201  
TAMPA, FL 33613 US



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3339351 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BARKER, JAMES  
3500 E. FLETCHER AVE, STE. 201  
TAMPA, FL 33613

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME BARKER, JAMES D.O.  
STREET ADDRESS 13124 NORTH FLORIDA AVENUE  
CITY-ST-ZIP TAMPA, FL 33612

TITLE D  
NAME SAPHIER, ALBERT M.D.  
STREET ADDRESS 4922 BAY WAY PL  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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: James H. Barker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08  
Date

Daytime Phone #