

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90111 029 ***150.00

DOCUMENT # P96000072802

1. Entity Name
TRILLIUM HEALTH NETWORK, INC.



Principal Place of Business
**2631 MCCORMICK DR
CLEARWATER FL 33759
US.**

Mailing Address
**2631 MCCORMICK DR
CLEARWATER FL 33759
US**



2. Principal Place of Business

1300 N. Westshore Blvd.

3. Mailing Address

1300 N. Westshore Blvd.

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

Tampa, FL

City & State

Tampa, FL

Zip

83607

Country

USA

Zip

83607

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3396806**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALKIN, CHRISTOPHER P ESQ.
1715 NORTH WESTSHORE BOULEVARD
SUITE 918
TAMPA FL 33607**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **COATES, BOBBY L**
STREET ADDRESS **2631 MCCORMICK DR STE 102**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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

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CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 (813) 490-8500

CR2E034 (10/02)