

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080150

1. Entity Name
HEALTH CARE CENTER OF TAMPA, INC.

Principal Place of Business

Mailing Address

1601 W REYNOLDS ST
PLANT CITY FL 33567
US

1601 W. REYNOLDS ST.
STE. 101B
PLANT CITY FL 33567

1518 Heritage Drive
Valrico FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
314 Parkview Place
City & State
Lakeland FL

Suite, Apt. #, etc.
Valrico
City & State
VALARICO FL

Zip
33805
Country
USA

Zip
33594
Country
USA

6. Name and Address of Current Registered Agent

KHAN, SAQIB B
1601 W REYNOLDS ST
STE. 101B
PLANT CITY FL 33567

1518 Heritage Drive
Valrico
FL 33594

4. FEI Number 16-1525428

Applied For
Not Applicable

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KHAN, SAQIB
1601 W REYNOLDS ST., STE. 101B
PLANT CITY FL 33567

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SAQIB B. KHAN
1518 HERITAGE DRIVE
VALARICO FL 33594

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

8636827246

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90087 011 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)