

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000088251**

1. Corporation Name

**Columbia Homecare of Tampa Bay, Inc.**

Principal Place of Business

Mailing Address

**One Park Plaza  
Nashville, TN 37203**

**PO Box 750  
Nashville, TN 37202**

3. Date Incorporated or Qualified  
**10-25-96**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**62-1662137**

Applied For  
☐ Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Prentice-Hall Corporation System, Inc.  
1201 Hays Street  
Tallahassee, FL 32301**

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 officer, 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>D/AS</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Stephen T. Braun</b>
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	<b>One Park Plaza</b>
	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Nashville, TN 37203</b>
NAME		2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<b>D/AT</b>
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	<b>Kenneth C. Donahey</b>
	<input type="checkbox"/> DELETE	3.1 TITLE	<b>One Park Plaza</b>
NAME		3.2 NAME	<b>Nashville, TN 37203</b>
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	<b>D/V</b>
	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Rosalyn S. Elton</b>
NAME		4.2 NAME	<b>One Park Plaza</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Nashville, TN 37203</b>
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>800002099348</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-02/27/97--01003--028</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>***173.75</b>

14. I, the undersigned, 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 contained 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 a shareholder 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:

*Stephen T. Braun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stephen T. Braun, Director**

**2-10-97**

Date

Daytime Phone #

CR2E034 (9/96)