

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90070 043 ***150.00

DOCUMENT # P97000042724

1. Corporation Name

TAMPA BAY HEALTH CARE, INC.

Principal Place of Business

308 EAST MARTIN LUTHER KING BLVD
STE D
TAMPA FL 33603
US

Mailing Address

308 EAST MARTIN LUTHER KING
TAMPA FL 33608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3457570

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREYFUS/ANDRA T ESQ
311 SOUTH MISSOURI
CLEARWATER FL 34616

81 Name

Leon Williamson

82 Street Address (P.O. Box Number is Not Acceptable)

2515 E. Haines

83

84 City

Tampa

FL

85 Zip Code
33610

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME DREYFUS, JOELLEN D.C.
STREET ADDRESS 308 EAST MARTIN LUTHER KING
CITY-ST-ZIP TAMPA FL 33608

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME POLLACK, STUART R. D.C.
STREET ADDRESS 308 EAST MARTIN LUTHER KING
CITY-ST-ZIP TAMPA FL 33603

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME DAVIS, LAUREN R. D.C.
STREET ADDRESS 308 EAST MARTIN LUTHER KING BLVD
CITY-ST-ZIP TAMPA FL 33603

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

813-239-0096

CR2E034 (11/98)

0085090