

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

DOCUMENT # P98000079645

1. Corporation Name

COMMUNITY HEALTH ENTERPRISE OF TAMPA BAY, INC.

Principal Place of Business

5313 JOHNS ROAD #201  
TAMPA FL 33634

Mailing Address

5313 JOHNS ROAD #201  
TAMPA FL 33634

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90001 018 \*\*\*750.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1998

4. FEI Number

59-3540319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 6800 N Dale Mabry

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Tampa FL

Zip

24 33614

Country

25 Hillsborough

2a. Mailing Address

26 6800 N Dale Mabry

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Tampa FL

Zip

29 33614

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

BROES, CHARLES E  
5313 JOHNS ROAD #201  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

Chuck Broes

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

6800 N Dale Mabry

83

Suite 100

84

City Tampa FL

FL

85 Zip Code

33614

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 607.0505, Florida Statutes.

SIGNATURE Chuck Broes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
MANISCALCO, BENEDICT S  
STREET ADDRESS 5313 JOHNS ROAD #201  
CITY-ST-ZIP TAMPA FL 33634

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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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STD  
Cardwell C. Nuckols  
6800 N Dale Mabry Suite 100  
Tampa FL 33614

CD  
Chuck Broes  
6800 N Dale Mabry Suite 100  
Tampa FL 33614

DD  
Benedict S. Maniscalco  
6800 N Dale Mabry Suite 100  
Tampa FL 33614

☐ Change

☒ Addition

☐ Change

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☐ Addition

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: Chuck Broes SIGNATURE: Benedict S. Maniscalco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

813/882.6567

Date

Daytime Phone #

CR2E034 (11/98)

0397303