

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2000 8:00 am**
Secretary of State

04-22-2000 90059 040 ***150.00

DOCUMENT # P99000004493

1. Entity Name

TAMPA HEALTHCARE, INC.

Principal Place of Business

Mailing Address

SOMERSWORTH PLACE
TAMPA FL 33634**8718 SOMERSWORTH PLACE**
TAMPA FL 33634-1029

2. Principal Place of Business

3. Mailing Address

4714 N HABANA AVE**4714 N HABANA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1308**# 1308**

City & State

City & State

TAMPA FL**TAMPA FL**

Zip

Zip

33614

Country

HILLSBOROUGH

Country

HILLSBOROUGH

4. FEI Number

59-3553999

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MI, XIANAI
8718 SOMERSWORTH PLACE
TAMPA FL 33634

Name

OU, YANGCHONG

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

4714 N HABANA AVE**# 1308**

City

TAMPA**FL**

Zip Code

33614

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

*Yangchong Ou***4/16/2000**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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **MI, XIANAI**
STREET ADDRESS **8718 SOMERSWORTH PLACE**
CITY-ST-ZIP **TAMPA FL 33634**TITLE **PD** ☒ Change ☐ Addition
NAME **OU, YANGCHONG**
STREET ADDRESS **4714 N. HABANA AVE #1308**
CITY-ST-ZIP **TAMPA, FL 33614**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 receiver 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 #

*Yangchong Ou***4/16/2000**