

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90249 014 \*\*\*150.00

**DOCUMENT # P99000004493**

1. Entity Name  
**TAMPA HEALTHCARE, INC.**



Principal Place of Business  
**4714 N HABANA AVE  
#1308  
TAMPA FL 33614**

Mailing Address  
**4714 N HABANA AVE  
#1308  
TAMPA FL 33614**



2. Principal Place of Business

3. Mailing Address

**13615 Bruce B. Downs Blvd**

Suite, Apt. #, etc.

**Suite 110**

Suite, Apt. #, etc.

**Suite 110**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33613-4658**

Country  
**Hillsborough**

Zip  
**33613-4658**

Country  
**Hillsborough**

☐ CHECK HERE IF MAKING CHANGES

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

**OU, YANGCHONG  
4714 N HABANA AVE  
#1308  
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **OU, YANGCHONG**

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

**13615 Bruce B. Downs Blvd. Suite 110**

City **Tampa**

**FL**

Zip Code  
**33613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Yangchong Ou**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OU, YANGCHONG 4714 N HABANA AVE #1308 TAMPA FL 33614</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OU, YANGCHONG 13615 Bruce B. Downs Blvd. Suite 110 Tampa FL 33613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/03 (813) 977-2677**

CR2E034 (10/02)