

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 014 ***158.75

DOCUMENT # S28030

1. Corporation Name

BAYCARE HEALTH NETWORK, INC.

Principal Place of Business

17757 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 33463
US

Mailing Address

17757 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 33463
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1991

4. FEI Number

59-3047975

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33764 25

29 33764 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VRETAS, JOHN K
17757 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 33464

81 Name

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

83

84 City

FL

85 Zip Code

33764

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JOHN K. VRETAS
STREET ADDRESS 17757 US 19N SUITE 100
CITY-ST-ZIP CLEARWATER FL

TITLE C ☒ DELETE

NAME BERCHELMAN, CHRISTOPHER
STREET ADDRESS 1708 PALMETTO AVE,
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ DELETE

NAME BEAUCHAMP, PHILIP
STREET ADDRESS 646 VIRGINIA ST., STE. 600
CITY-ST-ZIP DUNEDIN FL 34697

TITLE D ☐ DELETE

NAME MALLAH, ISAAC
STREET ADDRESS 3001 W. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

P John K. Vretas ☒ Change ☐ Addition

17757 US HWY 19N, Suite 100
Clearwater, FL 33764

C Norman V. Stein ☐ Change ☒ Addition

3100 E Fletcher Ave. - Admin Dept.
Tampa, FL 33613

D Philip K. Beauchamp ☒ Change ☐ Addition

646 Virginia St. #600
Dunedin, FL 34697

I Isaac Mallah ☒ Change ☐ Addition

3003 W MLK Blvd. 4th Floor
Tampa, FL 33607

D Frank V. Murphy ☐ Change ☒ Addition

17757 US HWY 19N, Suite 100
Clearwater, FL 33764

D Michael Reilly M.D. ☐ Change ☒ Addition

1201 5th Ave. N
St. Petersburg, FL 33705

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

CR2E034 (11/98)

828030

1999 Profit Corporation Annual Report

Block 13 Attachment

Additions/Changes To Officers and Directors in 12

☐ Change ☒ Addition

7.1 Title D
7.2 Name Dennis Agliano M.D.
7.3 Street Address 4600 N Habana Ave, Suite 23
7.4 City-State-Zip Tampa, FL 33614

☐ Change ☒ Addition

8.1 Title D
8.2 Name Sue G. Brody
8.3 Street Address 744 6th Ave. S
8.4 City-State-Zip St. Petersburg, FL 33701

☐ Change ☒ Addition

9.1 Title D
9.2 Name Thomas Caleca M.D.
9.3 Street Address 1106 Druid Road S, Suite 202
9.4 City-State-Zip Clearwater, FL 33756

☐ Change ☒ Addition

10.1 Title D
10.2 Name Raymond D. Hansen M.D.
10.3 Street Address 1972 Bayshore Blvd.
10.4 City-State-Zip Dunedin, FL 34698

☐ Change ☒ Addition

11.1 Title D
11.2 Name E. William Reiber M.D.
11.3 Street Address 3000 E Fletcher Ave., Suite 230
11.4 City-State-Zip Tampa, FL 33613