

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28030

FILED
Aug 31, 2005
Secretary of State

Entity Name: BAYCARE HEALTH NETWORK, INC.

Current Principal Place of Business:

380 PARK PLACE BLVD., STE. 200
CLEARWATER, FL 337593921 US

New Principal Place of Business:

Current Mailing Address:

380 PARK PLACE BLVD., STE. 200
CLEARWATER, FL 337593921 US

New Mailing Address:

PO BOX 716
NEW PORT RICHEY, FL 34656-071 US

FEI Number: 59-3047975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VRETAS, JOHN K
380 PARK PLACE BLVD
SUITE 200
CLEARWATER, FL 337593921 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: VRETAS, JOHN K
Address: 380 PARK PLACE BLVD., STE. 200
City-St-Zip: CLEARWATER, FL 33759

Title: C () Delete
Name: STEIN, NORMAN V
Address: 3100 E. FLETCHER AVE. ADMIN. DEPT.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BEAUCHAMP, PHILIP K
Address: 646 VIRGINIA ST., STE. 600
City-St-Zip: DUNEDIN, FL 34697

Title: T () Delete
Name: MALLAH, ISAAC
Address: 3001 W. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: MURPHY, FRANK V
Address: 17757 US HWY 19 W. SUITE 100
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: REILLY, MICHAEL MD
Address: 1201 5TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEIN, NORMAN V
Address: 3100 E. FLETCHER AVE. ADMIN. DEPT.
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: MALLAH, ISAAC
Address: 3001 W. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN AITKEN

DOF

08/31/2005

Electronic Signature of Signing Officer or Director

Date