
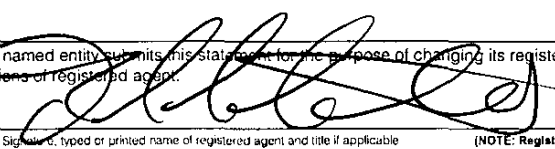
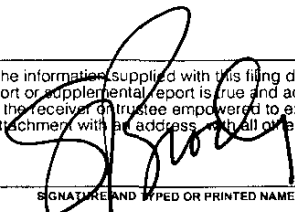


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 DEC 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28030					
1. Entity Name BAYCARE HEALTH NETWORK, INC.					
Principal Place of Business 380 PARK PLACE BLVD., STE. 200 CLEARWATER, FL 33759-3921 US			Mailing Address PO BOX 716 NEW PORT RICHEY, FL 34656 US		
2. Principal Place of Business 701 6th Street South		3. Mailing Address 701 6th Street South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3047975	
Zip 33701		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VRETAS, JOHN K (Delete) 380 PARK PLACE BLVD SUITE 200 CLEARWATER, FL 33759-3921				7. Name and Address of New Registered Agent Name Robert W. Thornton Street Address (P.O. Box Number is Not Acceptable) 701 6th Street South City St. Petersburg FL Zip Code 33701	
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 				Robert W. Thornton 12/6/06	
<small>Signature of, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, NORMAN V 3100 E. FLETCHER AVE. ADMIN. DEPT. TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sue G. Brody 701 6th Street South St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, PHILIP K 646 VIRGINIA ST., STE. 600 DUNEDIN, FL 34697	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALLAH, ISAAC 3001 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>06 JS</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, FRANK V 17757 US HWY 19 W. SUITE 100 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, MICHAEL MD 1201 5TH AVE. N. ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081753492 11/14/06--01014--006 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 			Sue G. Brody 12/6/06 727.893.6015		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		