

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # S28030

1. Entity Name
BAYCARE HEALTH NETWORK, INC.



Principal Place of Business
**701 6TH STREET SOUTH
ST PETERSBURG, FL 33701 US**

Mailing Address
**701 6TH STREET SOUTH
ST PETERSBURG, FL 33701 US**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3047975

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THORNTON, ROBERT W
701 6TH STREET SOUTH
ST PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000689393
04/11/07-80034-006 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
STEIN, NORMAN V
3100 E FLETCHER AVE, ADMIN DEPT
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BEAUCHAMP, PHILIP K
646 VIRGINIA ST, SUITE 600
DUNEDIN, FL 34697**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**C
MALLAH, ISAAC
3001 W MARTIN LUTHER KING BLVD
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BRODY, SUE G
701 6TH STREET SOUTH
ST PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue G. Brody, 3/9/07, 727.893.6015

Date

Daytime Phone #