

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3047975	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000948563
06/02/08-80060-017 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, NORMAN V 3100 E FLETCHER AVE, ADMIN DEPT TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, PHILIP K 646 VIRGINIA ST, SUITE 600 DUNEDIN, FL 34697
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALLAH, ISAAC 3001 W MARTIN LUTHER KING BLVD TAMPA, FL 33607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, SUE G 701 6TH STREET SOUTH ST PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

Sue G. Brody

Sue G. Brody

03/31/2008

727-893-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #