## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28030

Entity Name: BAYCARE HEALTH NETWORK, INC.

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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701 6TH STREET SOUTH 701-6TH STREET SOUTH ST PETERSBURG, FL 33701 US ST PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

701 6TH STREET SOUTH 701-6TH STREET SOUTH ST PETERSBURG, FL 33701 US ST PETERSBURG, FL 33701 US

FEI Number: 59-3047975 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORNTON, ROBERT W THORNTON, ROBERT W MR
701 6TH STREET SOUTH 701-6TH STREET SOUTH
ST PETERSBURG, FL 33701 US ST PETERSBURG, FL 33701 US

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: ROBERT W THORNTON 02/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: STEIN, NORMAN V Name: STEIN, NORMAN V MR

Address: 3100 E FLETCHER AVE, ADMIN DEPT Address: 3100 E FLETCHER AVE, ADMIN DEPT

City-St-Zip: TAMPA, FL 33613 US City-St-Zip: TAMPA, FL 33613 US

Title: D (X) Delete Title: ( ) Change ( ) Addition Name: BEAUCHAMP, PHILIP K Name:

Address: 646 VIRGINIA ST, SUITE 600 Address: City-St-Zip: DUNEDIN, FL 34697 US City-St-Zip:

Name: MALLAH, ISAAC Name: MALLAH, ISAAC MR

Address: 3001 W MARTIN LUTHER KING BLVD Address: 3001 W MARTIN LUTHER KING BLVD

City-St-Zip: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 BRODY, SUE G
 Name:
 BRODY, SUE G MS

 Address:
 701 6TH STREET SOUTH
 Address:
 701-6TH STREET SOUTH

City-St-Zip: ST PETERSBURG, FL 33701 US City-St-Zip: ST PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT W THORNTON MR 02/02/2009