## 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S28030

Entity Name: BAYCARE HEALTH NETWORK, INC.

FILED Apr 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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 MR

701-6TH STREET SOUTH

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 04/09/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: STEIN, NORMAN V MR.

Address: 3100 E. FLETCHER AVE., ADMIN DEPT

City-St-Zip: TAMPA, FL 33613 US

Title: C

Name: MALLAH, ISAAC MR.

Address: 3001 W. MARTIN LUTHER KING BLVD

City-St-Zip: TAMPA, FL 33607 US

Title: D

 Name:
 BRODY, SUE G MS.

 Address:
 701 6TH STREET SOUTH

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

Title: [

Name: THORNTON, ROBERT W MR.
Address: 701 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W. THORNTON D 04/09/2012