

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91145 011 \*\*\*150.00

**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  
**380 PARK PLACE BLVD., STE. 200  
CLEARWATER FL 33759-3921  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3047975**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VRETAS, JOHN K  
17757 U.S. HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER FL 33464**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **JOHN K. VRETAS**  
CITY-ST-ZIP **17757 US 19N SUITE 100  
CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **STEIN, NORMAN V**  
CITY-ST-ZIP **3100 E. FLETCHER AVE. ADMIN. DEPT.  
TAMPA FL 33613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BEAUCHAMP, PHILIP K**  
CITY-ST-ZIP **646 VIRGINIA ST., STE. 600  
DUNEDIN FL 34697**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MALLAH, ISAAC**  
CITY-ST-ZIP **3001 W. MARTIN LUTHER KING BLVD.  
TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MURPHY, FRANK V**  
CITY-ST-ZIP **17757 US HWY 19 W. SUITE 100  
CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **REILLY, MICHAEL MD**  
CITY-ST-ZIP **1201 5TH AVE. N.  
ST. PETERSBURG FL 33705**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**  
**John Vretas**

**4/30/03 727-799-3335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)