

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01318

**Entity Name:** TAMPA FAMILY HEALTH CENTERS, INC.**Current Principal Place of Business:**302 W. FLETCHER AVENUE  
TAMPA, FL 33612**Current Mailing Address:**PO BOX 82969  
TAMPA, FL 33682 US**FEI Number:** 59-2420282**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOBACK, SHERRY CEO  
302 W. FLETCHER AVENUE  
TAMPA, FL 33612 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:** SHERRY HOBACK

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name HOBACK, SHERRY  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title OTHER, EMERITUS MEMBER  
Name PEREZ, ERIC  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title OTHER, IMMEDIATE PAST CHAIR  
Name LOSURDO, STEPHANIE  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name DOSTER, BRIAN  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title CHAIRMAN  
Name WHITE, ROD  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title SECRETARY  
Name RODRIGUEZ-VIEIRA, DAMARIS  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title VC  
Name STEWART, LUCILA  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title TREASURER  
Name JAMES, ALFONSA  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARREN HUXOL

CFO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOWELL, CHERYL  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name ROMEUS, SOPHIA  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title CFO  
Name HUXOL, DARREN  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name COLE, JAMES  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title COO  
Name BECK , TERENCE  
Address 302 W. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612