

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01318

Entity Name: TAMPA FAMILY HEALTH CENTERS, INC.**Current Principal Place of Business:**7814 N. DALE MABRY HWY
TAMPA, FL 33614**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:**BOTTOMS, CHARLES R CEO
5312 LONGBOAT BLVD.
TAMPA, FL 33615 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:** CHARLES R. BOTTOMS

04/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	CHARLES, BOTTOMS
Address	5312 LONGBOAT BLVD.
City-State-Zip:	TAMPA FL 33615

Title	D
Name	WALKER, MARY
Address	5503-B POKEWEED COURT
City-State-Zip:	TAMPA FL 33617

Title	VP
Name	KEMP, HILRIE
Address	8005 ASH ST.
City-State-Zip:	TAMPA FL 33619

Title	T
Name	MASON, JERRY
Address	29251 YARROW DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	P
Name	LOSURDO, STEPHANIE
Address	1903 TEEPEE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	D
Name	BRIAN, DOSTER
Address	6104 SCHOONER WAY
City-State-Zip:	TAMPA FL 33615

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: CHARLES R. BOTTOMS

CEO

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date