

2024 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:**VAN PELT, THOMAS COO
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:** THOMAS VAN PELT

01/05/2024

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 CHAIRMAN
Name WHITE, RODNEY
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 SECRETARY
Name ROMEUS, SOPHIA
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

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

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

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

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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: THOMAS VAN PELT

COO

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name VAN PELT, THOMAS DIRECTOR
Address 302 W. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33612

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

Title DIRECTOR
Name WILLIAMS-BURGESS, ASHAKI
DIRECTOR
Address 302 W. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33612

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