

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002721

**Entity Name:** TAMPA GENERAL MEDICAL GROUP, INC.**Current Principal Place of Business:**ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606-3571**Current Mailing Address:**ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606-3571**FEI Number:** 27-4749421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CEO, PRESIDENT  
Name BURKHART, JAMES R  
Address ONE TAMPA GENERAL CIRCLE,  
ROOM A134  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR, SECRETARY, VP  
Name NELSON, DEANA  
Address ONE TAMPA GENERAL CIRCLE ROOM  
A134  
City-State-Zip: TAMPA FL 33606-3571

Title DIRECTOR, TREASURER  
Name SHORT, STEVE  
Address ONE TAMPA GENERAL CIRCLE ROOM  
A134  
City-State-Zip: TAMPA FL 33606-3571

Title DIRECTOR, VP  
Name BOWERS, VICTOR DR.  
Address 5 TAMPA GENERAL CIRCLE  
SUITE 300  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name RAMIRO, LUCILA DR.  
Address 5 TAMPA GENERAL CIRCLE  
SUITE 300  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name SANDERS, CHARLES JR.  
Address 5 TAMPA GENERAL CIRCLE  
SUITE 300  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name HEINRICHS, DENNIS  
Address 5 TAMPA GENERAL CIRCLE  
SUITE 300  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name MUMA, PAMELA  
Address 1 TAMPA GENERAL CIRCLE ROOM  
A134  
City-State-Zip: TAMPA FL 33606

**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: STEVE SHORT****DIRECTOR****04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCNICHOLS, EUGENE
Address	1 TAMPA GENERAL CIRCLE ROOM A134
City-State-Zip:	TAMPA FL 33606