

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729093

**FILED**  
**Apr 23, 2004**  
**Secretary of State****Entity Name:** THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**2 COLUMBIA DR.  
RM. H-149  
TAMPA, FL 33606 US**New Principal Place of Business:****Current Mailing Address:**P.O BOX 1289  
TAMPA, FL 33601 US**New Mailing Address:****FEI Number:** 23-7354477**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**THAYER, STELLA F ESQ  
400 N. TAMPA ST.  
SUITE 2300  
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: GUYTON, BRYAN J  
Address: 100 N BRUSH ST #440  
City-St-Zip: TAMPA, FL 33602

Title: C ( ) Delete  
Name: THAYER, STELLA F ESQ  
Address: 400 N. TAMPA ST., SUITE 2300  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: WARREN, JAMES W III  
Address: 100 N. TAMPA ST., SUITE 3000  
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete  
Name: CAREY, LARRY C MD  
Address: 4 COLUMBIA DR STE 430A  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: SILVA, ALBERT J  
Address: 6404 RENWICK CR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: NOUSS, MARK A ESQ  
Address: 16510 MILLAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: GUYTON, BRYAN J  
Address: 100 N BRUSH ST. #440  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: TOUCHTON, JOHN T JR.  
Address: 1700 S. MACDILL AVE., SUITE 340  
City-St-Zip: TAMPA, FL 33629

Title: D (X) Change ( ) Addition  
Name: CAREY, LARRY C MD  
Address: 4 COLUMBIA DR STE. 430A  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STELLA F. THAYER, ESQ.

C

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date