

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729093

Entity Name: THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**1 TAMPA GENERAL CIRCLE
RM. H-149
TAMPA, FL 33606**Current Mailing Address:**P.O BOX 1289
RM H-149
TAMPA, FL 33601 US**FEI Number: 23-7354477****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S ASHLEY DR STE 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 TREASURER
Name DOBKIN, RICHARD
Address 4201 BAYSHORE BLVD
 UNIT 1404
City-State-Zip: TAMPA FL 33611Title CHAIRMAN
Name GRAHAM, DREW A
Address 401 E JACKSON ST
 2300
City-State-Zip: TAMPA FL 33602Title VC
Name CELESTAN, GREGORY J.
Address 9501 E. U.S. HIGHWAY 92
City-State-Zip: TAMPA FL 33610Title SECRETARY
Name TAYLOR, J. ERIC
Address 101 E. KENNEDY BLVD., SUITE 2700
City-State-Zip: TAMPA FL 33602Title OTHER, ED
Name DE LA VERGNE, ROBIN W
Address 1 TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606Title ASST. TREASURER
Name JACOB, DIANNE
Address 201 N. FRANKLIN STREET
 SUITE 1500
City-State-Zip: TAMPA FL 33602

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: ROBIN DELAVERGNE**EXECUTIVE DIRECTOR****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date