

**2022 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. E-141  
TAMPA, FL 33606**Current Mailing Address:**P.O BOX 1289  
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:** ENRIQUE MIRANDA, ESQUIRE

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, CHIEF DEVELOPMENT  
OFFICER  
Name LEPPLA, FRANN M  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title VC, TRUSTEE  
Name GILLETTE, GORDON L  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title ASST. TREASURER, TRUSTEE  
Name WASH, J MATHEW  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title TRUSTEE  
Name HANCOCK, FRANK  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title CHAIRMAN, TRUSTEE  
Name NEIL, T COREY  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title TREASURER, TRUSTEE  
Name GOODWIN, NATALIE ANNIS  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title SECRETARY, TRUSTEE  
Name VAN LOVEREN, JEFFRIE  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title TRUSTEE  
Name WEISSER, RON  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
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:** FRANN LEPPLACHIEF DEVELOPMENT  
OFFICER

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BUKKAPATNAM, RAVIENDER DR.  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title TRUSTEE  
Name WILLIAMS, JOSEPH M  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606

Title TRUSTEE  
Name KING, TAMMY  
Address 1 TAMPA GENERAL CIRCLE  
RM. E-141  
City-State-Zip: TAMPA FL 33606