

**2014 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:**DE LA VERGNE, ROBIN WMS  
1 TAMPA GENERAL CIRCLE  
H-149  
TAMPA, FL 33606 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	AT
Name	METERCHICK, JOSEPH
Address	5422 BAY CENTER DR SUITE 100
City-State-Zip:	TAMPA FL 33609
Title	S
Name	TAYLOR, ERIC J
Address	101 E. KENNEDY BLVD., SUITE 2700
City-State-Zip:	TAMPA FL 33602
Title	VC
Name	DIECK, DOUGLAS J
Address	101 E KENNEDY BLVD, SUITE 2450
City-State-Zip:	TAMPA FL 33602

Title	C
Name	MUMA, PAMELA S
Address	100 PALMETTO ROAD
City-State-Zip:	BELLEAIR FL 33756
Title	T
Name	MURRAY, MICHAEL S
Address	1700 S MCDILL AVE, SUITE 200
City-State-Zip:	TAMPA FL 33629
Title	ED
Name	DE LA VERGNE, ROBIN W
Address	1 TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606

*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****01/20/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date