2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001576

Entity Name: H. LEE MOFFITT CANCER CENTER AND RESEARCH

INSTITUTE HOSPITAL, INC.

Current Principal Place of Business:

12902 MAGNOLIA DRIVE TAMPA, FL 33612-9416

Current Mailing Address:

12902 MAGNOLIA DRIVE

SRB-OGC

TAMPA, FL 33612-9416 US

FEI Number: 59-3238634 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DE LA PARTE, L. DAVID ESQ 12902 MAGNOLIA DRIVE SRB-OGC

TAMPA, FL 33612-9416 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: L. DAVID DE LA PARTE, ESQ.

04/15/2024

FILED Apr 15, 2024

Secretary of State

5415003189CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

CHAIR/DIRECTOR Title Title VICE CHAIR/DIRECTOR

Name HOUGHTON, BETH A. Name PIZZO, THE HONORABLE MARK A.

Address 12902 MAGNOLIA DRIVE Address 12902 MAGNOLIA DRIVE City-State-Zip: TAMPA FL 33612-9416 TAMPA FL 33612-9416 City-State-Zip:

Title EXECUTIVE VICE PRESIDENT/CHIEF Title **EXECUTIVE VICE**

FINANCIAL & ADMINISTRATIVE PRESIDENT/GENERAL

OFFICER/ASSISTANT TREASURER COUNSEL/ASSISTANT SECRETARY

TREMONTI, YVETTE L. Name DE LA PARTE, L. DAVID ESQ. Name 12902 MAGNOLIA DRIVE Address Address 12902 MAGNOLIA DRIVE

City-State-Zip: TAMPA FL 33612-9416 TAMPA FL 33612-9416 City-State-Zip:

Title **EXECUTIVE VICE** Title **PRESIDENT**

PRESIDENT/PHYSICIAN-IN-CHIEF SINGH, SARABDEEP

Name Name LETSON, G. DOUGLAS MD Address 12902 MAGNOLIA DRIVE Address 12902 MAGNOLIA DRIVE City-State-Zip: TAMPA FL 33612-9416

City-State-Zip: TAMPA FL 33612-9416

Title VICE PRESIDENT, PATIENT CARE Title SECRETARY-TREASURER/DIRECTOR SERVICES/CHIEF NURSING OFFICER

CABALLERO, JOSEPH Name Name GONZALVO, KELLEY Address 12902 MAGNOLIA DRIVE Address 12902 MAGNOLIA DRIVE

City-State-Zip: TAMPA FL 33612-9416 City-State-Zip: TAMPA FL 33612-9416

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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: L. DAVID DE LA PARTE, ESQ.

ASSISTANT SECRETARY

04/15/2024

Officer/Director Detail Continued:

City-State-Zip: TAMPA FL 33612-9416

Title DIRECTOR Title DIRECTOR

NameGODDARD, VALERIENamePORTER, NICOLAS C.Address12902 MAGNOLIA DRIVEAddress12902 MAGNOLIA DRIVECity-State-Zip:TAMPA FL 33612-9416City-State-Zip:TAMPA FL 33612-9416

Title DIRECTOR Title DIRECTOR

Name REILLY, MARY ANNE Name BICE, MICHAEL O.

Address 12902 MAGNOLIA DRIVE Address 12902 MAGNOLIA DRIVE

City-State-Zip: TAMPA FL 33612-9416 City-State-Zip: TAMPA FL 33612-9416

Title DIRECTOR Title VICE PRESIDENT, QUALITY/CHIEF

MEDICAL OFFICER

TAMPA FL 33612-9416

City-State-Zip:

NameDANIELS, ROLANDNameKEENAN, ROBERT J. MDAddress12902 MAGNOLIA DRIVEAddress12902 MAGNOLIA DRIVECity-State-Zip:TAMPA FL 33612-9416City-State-Zip: TAMPA FL 33612-9416

Title DIRECTOR Title DIRECTOR

NameLEWIS , THE HONORABLE JACQUELINENameMOFFITT, JENNIFER PHDAddress12902 MAGNOLIA DRIVEAddress12902 MAGNOLIA DRIVE

Title DIRECTOR Title DIRECTOR

NameWALKER II, HARLAN MDNamePLUMMER, KEVIN M.Address12902 MAGNOLIA DRIVEAddress12902 MAGNOLIA DRIVECity-State-Zip:TAMPA FL 33612-9416City-State-Zip: TAMPA FL 33612-9416

Title CHIEF RISK OFFICER Title DIRECTOR

NameCOSTACHE, MARILYNNameHORTON, ROBERTAddress12902 MAGNOLIA DRIVEAddress12902 MAGNOLIA DRIVECity-State-Zip:TAMPA FL 33612-9416City-State-Zip: TAMPA FL 33612-9416

Title DIRECTOR Title DIRECTOR

Name SCRIVEN, LANSING S. ESQ. Name THOMPSON, RENEE DNP, RN, CSP

Address 12902 MAGNOLIA DRIVE Address 12902 MAGNOLIA DRIVE
City-State-Zip: TAMPA FL 33612-9416 City-State-Zip: TAMPA FL 33612-9416