FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718695 (0)

1. Corporation Name
TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34688-8487	1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34688-1487 US

3. Date Incorporated or Qualified: 06/23/1970
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip 24: 34688-1487 Country 25:
Zip 29: Country 30:

4. FEI Number: 59-0898901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIEFER, JOSEPH N.
1412 SUNSET ROAD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: KIEFER, JOSEPH N.
82 Street Address (P.O. Box Number is Not Acceptable): 1395 South Pinellas Avenue
83: P.O. Box 1487
84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ✓ Joseph N Kiefer — Joseph N. Kiefer, Administrator — 1/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINSON, DANIEL B 456 EAST TARPON AVE TARPON SPRING FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	STD Clement, William J. 1151 Lancer Lane W. Tarpon Springs, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, CLOY B 4533 MARINE PARKWAY, #103 NEW PORT RICHEY FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Lisciandro, Joseph 3520 Beacon Square Dr. Holiday, FL 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GARNER, LESTER 504 HILLCREST AVENUE TARPON SPRINGS, FL 00000	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIULIANI, JOSEPH 482 RIVERSIDE DR TARPON SPRINGS, FL 00000	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Hope, Gloria R.N., Ph.D 900 Peninsula Avenue Tarpon Springs, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPENLAU, RONALY 1420 SUNSET RD TARPON SRPINGS FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VP Ronald	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, ADAM E. 4620 SHEFFIELD DR NEW PORT RICHEY FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Eiland, Douglas M.D. c/o Helen Ellis Memorial Hosp. 1395 S. Pinellas Ave Tarpon Springs, FL 34689	☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Lester H Garner — Lester H. Garner, President — 1/29/96 — (813)934-4638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additions:

D
Rutledge, Hugh A., M.D.
34637 U.S. Hwy. 19 N.
Palm Harbor, FL 34684

D
Withers, Donald E.
1815 Golfview Drive
Tarpon Springs, FL 34689