2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90396 001 ***245.00

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DOCUMENT # 718695

1. Entity Name
TARPON SPRINGS HOSPITAL FOUNDATION, INC.

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

03252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KIEFER, JOSEPH N.~~ ~~1395 SOUTH PINELLAS AVENUE~~ ~~POST OFFICE BOX 1487~~ ~~TARPON SPRINGS, FL 34689~~	Name: John McPherson, Risk Manager Street Address (P.O. Box Number is Not Acceptable): 1395 South Pinellas Avenue City: Tarpon Springs FL Zip Code: 34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John McPherson ~~John McPherson, Risk Manager~~ DATE: 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINSON, DANIEL B 456 EAST TARPON AVE TARPON SPRING, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P/D~~ ~~COUCH, THEODORE J~~ ~~1717 E FOWLER AVENUE~~ ~~TAMPA, FL 33612~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP/D~~ P/S GARNER, LESTER H 504 HILLCREST AVENUE TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, GLORIA RN, PHD 900 PENINSULA AVE TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D ~~DOCKERY, ROBERT J~~ 64 INNESS DRIVE TARPON SRPINGS, FL 34689	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T/D~~ VP/S PARKER, THADDEUS C IV 4720 CYPRESS STREET TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

See attached Sheet for complete listing of Officers/Directors Effective 01/28/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

6164123604

#718695

Helen Ellis Memorial Hospital

University Community Health

OFFICERS/DIRECTORS OF TARPON SPRINGS HOSPITAL FOUNDATION, INC.

1) Chair/Director
Lester H. Garner
504 Hillcrest Avenue
Tarpon Springs, FL 34689

2) Vice-Chair/Director
Thaddeus C. Parker, IV
Parker Ventures, Inc.
4720 Cypress Street
Tampa, FL 33607

3) Secretary/Director
Norm Stein
University Community Hospital
3100 East Fletcher Avenue
Tampa, FL 33607

4) Treasurer/Director
N. Michael Kouskoutis, Esq.
623 East Tarpon Avenue
Tarpon Springs, FL 34689

5) CEO/President
Steve MacLauchlan
Helen Ellis Memorial Hospital
1395 South Pinellas Avenue
Tarpon Springs, FL 34689

6) Director
Alma Bryant, PhD
USF English Department
CPR-107
4202 East Fowler Avenue
Tampa, FL 33620

7) Director
Scott Bronleewe, M.D.
3000 East Fletcher, #320
Tampa, FL 33613

8) Gloria Hope, RN, PhD
900 Peninsula Avenue
Tarpon Springs, FL 34689

9) Director
David Jacob, M.D.
1200 South Pinellas Avenue, Suite 11
Tarpon Springs, FL 34689

10) Director
Roger F. Sellew
967 Bayshore Drive
Tarpon Springs, FL 34689

11) Director
George Marcus
2714 Morrison Avenue
Tampa, FL 33629

12) Director
Daniel B. Vinson
Post Office Box 1395
456 East Tarpon Avenue
Tarpon Springs, FL 34688-1395

13) Director
Jose Vivero
Century Bank
716 West Fletcher Avenue (zip 33612)
Post Office Box 17704
Tampa, FL 33682-7704