2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90125 032 ****61.25

DOCUMENT # 718695

1. Entity Name

TARPON SPRINGS HOSPITAL FOUNDATION, INC.

11029219

☐ CHECK HERE IF MAKING CHANGES

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

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 Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Joseph N. Kiefer, President/CEO 04/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	Director Norm Stein University Community Hospital 3100 E. Fletcher Ave., Tampa, FL 33613 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P/D~~ Director COUCH, THEODORE J 1717 E FOWLER AVENUE TAMPA FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer N. Michael Kouskoutis, Esq. 623 East Tarpon Avenue Tarpon Springs, FL 34689 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V/D~~ Chair GARNER, LESTER H 504 HILLCREST AVENUE TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Scott Bronleewe, M.D. 3000 E. Fletcher, #320 Tampa, FL 33613 ☐ 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	Director David Jacob, M.D. 1200 S. Pinellas Avenue, Suite 11 ~~Tarpon Springs, FL 34689~~ ☐ 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	Director Jose Vivero Century Bank ~~716 W. Fletcher Ave., Tampa, FL 33682-7704~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V/D~~ Vice-Chair PARKER, THADDEUS C IV 4720 CYPRESS STREET TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director George Marcus 2714 Morrison Ave., Tampa, FL 33629 ☐ Change ☐ Addition

CR2E037 (10/02)

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: Joseph N. Kiefer SIGNATURE JOSEPH N. KIEFER, CEO 4-24-03 727-942-5107