

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763534

FILED
Feb 20, 2011
Secretary of State

Entity Name: TAMPA BAY CRANIOFACIAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

6358 MACLAURIN DR.
TAMPA, FL 336478164

New Principal Place of Business:

205 WEST DR. ML KING, JR BLVD
TAMPA, FL 33603

Current Mailing Address:

6358 MACLAURIN DR.
TAMPA, FL 336478164

New Mailing Address:

205 WEST DR. ML KING JR BLVD
TAMPA, FL 33603

FEI Number: 59-2637282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABAL, MUTAZ B.
6358 MACLAURIN DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HABAL, MUTAZ, B.
Address: 6358 MACLAURIN DR.
City-St-Zip: TAMPA, FL 33647

Title: SMD
Name: MICHAEL ABODONEY
Address: 205 WEST DR. ML KING JR. BLVD.
City-St-Zip: TAMPA, FL 33603

Title: VTD
Name: SCHEUERLE, JANE
Address: 205 WEST DR. ML KING, JR., BLVD
City-St-Zip: TAMPA, FL 33603

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: MUTAZ B. HABAL

PD

02/20/2011

Electronic Signature of Signing Officer or Director

Date