

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 034 ****61.25

DOCUMENT # N02062 1. Entity Name FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION, INC.			
Principal Place of Business AREA HEALTH EDUCATION CENTER 12901 BRUCE B. DOWNS, MDC 76 TAMPA, FL 33612 US		Mailing Address AREA HEALTH EDUCATION CENTER 12901 BRUCE B. DOWNS, MDC 76 TAMPA, FL 33612 US	
2. Principal Place of Business All Children's Hospital Suite, Apt. #, etc. 801 6th St. S., Dept 7660 City & State St. Petersburg FL 33701 Zip 33701 Country US		3. Mailing Address All Children's Hospital Suite, Apt. #, etc. 801 6th St. S. Dept. 7660 City & State St. Petersburg FL 33701 Zip 33701 Country US	
6. Name and Address of Current Registered Agent LESKOVEC, JACQUELINE AHEC 12901 BRUCE B. DOWNS, MDC 76 TAMPA, FL 33612		7. Name and Address of New Registered Agent Name Patricia E. Clark Street Address (P.O. Box Number is Not Acceptable) All Children's Hospital 801 6th St. S., Dept. 7660 City St. Petersburg FL Zip Code 33701	
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 <u>Patricia E. Clark</u> DATE <u>4/10/06</u> <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE	VD HOWARD, ALLISON M 12901 BRUCE B. DOWNS, MDC31 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE	PD Howard, Allison M 12901 Bruce B. Downs MDC31 Tampa, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD CANHAM, SANDRA BORLAND HS LIBRARY, BOX 44226 JACKSONVILLE, FL 32231 <input checked="" type="checkbox"/> Delete	TITLE	VD Dexter, Nadine FSU College of Medicine, 1115 W. Call St. Tallahassee, FL 32306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LAWRENCE, MARY 3200 S UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD LESKOVEC, JACQUELINE 12901 BRUCE B DOWNS, MDC76 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE	TD Clark, Patricia E. ACH 801 6th St. S., Dept. 7660 St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Patricia E. Clark</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/06</u> Daytime Phone # <u>727-767-8527</u>	