

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2007 08:00 A
Secretary of State

DOCUMENT # N02062

1. Entity Name
**FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION,
INC.**



Principal Place of Business
**ALL CHILDREN'S HOSPITAL
801 6TH ST S DEPT 7660
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**ALL CHILDREN'S HOSPITAL
801 6TH ST S DEPT 7660
SAINT PETERSBURG, FL 33701 US**



06062007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2829362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, PATRICIA
ALL CHILDREN'S HOSPITAL
801 6TH ST S DEPT 7660
SAINT PETERSBURG, FL 33701**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWARD, ALLISON M
STREET ADDRESS 12901 BRUCE B. DOWNS MDC31
CITY-ST-ZIP TAMPA, FL 33612

TITLE VD
NAME DEXTER, NADINE
STREET ADDRESS FSU COLLEGE OF MED 1115 W CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 32306

TITLE SD
NAME LAWRENCE, MARY
STREET ADDRESS 3200 S UNIVERSITY DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE TD
NAME CLARK, PATRICIA E
STREET ADDRESS ACH 801 6TH ST S DEPT 7660
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000766316
06/14/07-80002-017 61.25

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IN THIS SPACE**

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:

Patricia E. Clark Patricia E. Clark 6/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-767-8527