


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 045 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2829362	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, PATRICIA ALL CHILDREN'S HOSPITAL 801 6TH ST S DEPT 7660 SAINT PETERSBURG, FL 33701			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 <i>Patricia Clark</i> <small>Signature, typed or printed name of registered agent and title is applicable.</small>			DATE 4-21-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, ALLISON M 12901 BRUCE B. DOWNS MDC31 TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEXTER, NADINE FSU COLLEGE OF MEDICINE 1115 W. Call Tallahassee FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEXTER, NADINE FSU COLLEGE OF MED 1115 W CALL ST TALLAHASSEE, FL 32306	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wood, Barbara A. USF Shimborg Health Sciences Library 12901 Bruce B Downs Blvd., Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE, MARY 3200 S UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kelly, Dorothy R. James Haley Veterans Hospital 13000 Bruce B. Downs Blvd. Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, PATRICIA E ACH 801 6TH ST S DEPT 7660 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Patricia Clark</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-21-08 DAYTIME PHONE # 727-767-4278		